



State of Rhode Island
Executive Office of Health and Human
Services

Program Standards

RIte @ Home... A Choice for Care @ Home

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1.0 SERVICE INFORMATION AND BACKGROUND

Introduction

The purpose of these Program Standards is to define the model and set parameters for the provision of RItE @ Home services. The Standards are designed to assist provider agencies in the development of quality RItE @ Home services for targeted Medicaid eligible adults as a home and community-based alternative to institutional care. These standards will provide recipients, care givers, providers and other interested parties with a full description of the RItE @ Home Program, including guidance as to program requirements. The program standards are divided into seven sections:

- Section 1: Service Information and Background
- Section 2: General Provider Agency Requirements
- Section 3: Program Requirements
- Section 4: Location of RItE @ Home Services Within the Continuum of Care
- Section 5: Service Description – Required Scope of Services
- Section 6: Responsibilities of the RItE @ Home Provider Agency
- Section 7: RItE @ Home Program Performance Standards

1.1 Overview of the Rhode Island Medicaid Program

The Rhode Island Medical Assistance Program, or Medicaid, is a health care entitlement program for the State's low-income population that is jointly funded by the Federal Government and Rhode Island. Medicaid was established in 1965 as Title XIX of the U.S. Social Security Act. The Rhode Island Executive Office of Health and Human Services (EOHHS) is the federally required Single State Agency (SSA) responsible for the administration of Medicaid.

When Medicaid began in the mid-1960s, the program was modeled as a traditional indemnity health insurance program. Medicaid was a payer of health care services based on a fee-for-service (FFS) payment system. Medicaid has now evolved from this somewhat passive role of a payer of claims into a value-purchaser of health care services

The State's managed care program RItE Care, began in 1994, with the Aid to Families with Dependent Children (AFDC), now the Temporary Assistance to Needy Families (TANF) program, and has expanded over the years to cover other populations including pregnant women and children with special needs.

Rhode Island implemented the RItE Share program in January 2001 to provide assistance in paying for health care premiums for commercial insurance to cover eligible children and eligible adults as well as some limited medically necessary wrap-around services (the wrap-around services are provided through the Medicaid FFS system).

Today all Medicaid-eligible children and adults without other third party coverage are required to enroll in the State's Medicaid Managed Care Delivery System.

Throughout the years Rhode Island's adult aged, blind and disabled populations were provided services through the Medicaid FFS system. Today, all adults without third-party coverage in this population are required to either enroll in a Health Plan (Rhody Health Partners) or in the State's fee-for service Primary Care Case Management (PCCM) model, Connect Care Choice. Individuals enrolled in Rhody Health Partners have the option to enroll in one of the participating health plans. The Connect Care Choice program provides care management to recipients who have remained in Medicaid fee for service and who have chosen to receive their primary care from practices participating in the Connect Care Choice Program. Individuals considered "duals" (i.e. dual Medicare and Medicaid coverage) are not enrolled in Rhody Health Partners or Connect Care Choice.

1.2 The Global Consumer Choice Waiver Program

Rhode Island has been a national leader in implementing innovative practices to make the Medicaid Program more cost-effective. In recent years, the State has been confronted with difficult choices about how to contain Medicaid costs while preserving health care coverage and medical services to its residents.

Reviews of the State's Medicaid program have indicated that the Medicaid system has often been provider-driven and not person-centered. The system has promoted care provided in institutional settings rather than community-based settings, which are less costly and preferred by consumers. In the past, the Medicaid program has not promoted personal responsibility, healthy life styles, and wellness and health care prevention. Consumers have had limited choices regarding the services they need, and the care they received was often uncoordinated and provided through a fragmented system. Reimbursement for care was not based on performance nor linked to the quality of care.

The State has designed an innovative approach to assuring a lasting solution that shifts the focus, financing and operation of the State's Medicaid program. The Rhode Island Medicaid Reform Act of 2008 directed the State to apply for a global demonstration project under the authority of Section 1115(a) of Title XIX of the Social Security Act, to restructure the State's Medicaid program to establish a "sustainable cost-effective, person-centered and opportunity driven program utilizing competitive and value-based purchasing to maximize available service options" and a "results-oriented" system of coordinated care.

The overriding purpose of the Global Waiver is to provide the State with the flexibility to get the right services, to the right people, at the right time and in the right setting. The Waiver contains three fundamental goals:

- Rebalance the State's long-term care system
- Integrate care management across all Medicaid populations
- Complete the transition from a payer to a purchaser of care

These goals were based on a commitment by the State to incorporate the following principles in the Medicaid programs:

Consumer Empowerment and Choice with the provision of more information about the health care delivery system so that consumers can make more reasoned and cost-effective choices about their health care.

Personal Responsibility in choosing treatment options, living healthy lifestyles and having a financial stake in the care provided.

Community-Based Solutions so that individuals may live and receive care in the communities in which they live and work, a more cost-effective and preferable approach to the institutional setting.

Prevention, Wellness and Independence initiatives to reduce the incidences of illness and injuries and their associated costs.

Competition among health care providers to ensure that care is provided at the best price and with the highest quality

Pay for Performance by tying provider reimbursement to the provision of quality and cost-effective care.

Improved technology that assists decision-makers, consumers and providers to make the most informed and cost-effective decisions regarding the delivery of health care.

The Global Waiver was approved in January 2009. It established a new State-Federal compact that provides the State with substantially greater flexibility than was previously available. Rhode Island will use the additional flexibility to redesign the Medicaid program to provide more cost-effective services and care in the least restrictive and most appropriate setting. Further information on the EOHHS Global Consumer Choice Compact Waiver is available on the Department's website www.DHS.ri.gov (Please see Appendix II: EOHHS Core and Preventive Services)

1.3 Intended Outcome of the RItE @ Home Program

RItE @ Home expands the range of community-based services to the elderly and adults with disabilities by allowing such persons to live in a safe and secure home environment appropriate to their needs. RItE @ Home is a consumer-directed service that seeks to maximize an individual's control and choice of his/her living situation. RItE @ Home provides a cost-effective alternative to institutional care for persons whose needs are appropriate for this type of care. (Please see Appendix I: EOHHS RItE @ Home Program Policy).

EOHHS reserves the right to require its contracted provider agency or agencies to have the flexibility and willingness to expand to provide the service based on consumer

demand, and to meet all the timeliness requirements as outlined in these program standards.

1.4 Development of the RItE @ Home Program

The RItE @ Home program is highly consistent with *The Global Consumer Choice Section 1115 Demonstration Medicaid Waiver*, approved in January 2009 for the State of Rhode Island to make the Medicaid Program more efficient and effective. Currently, alternatives to nursing home care in Rhode Island include Assisted Living and a range of home and community services and supports, including Adult Day Care. Nationally, between 5 and 20 percent of nursing home residents are classified as “low-care” and might qualify for discharge to community alternatives. Low care services are personal care type services which include:

- Assistance with activities of daily living such as bathing, toileting, eating, dressing and mobility
- Assistance with medications
- Support in accessing recreational activities
- Support in accessing health services

Rhode Island has the distinction of having the second highest prevalence of “low-care”. long term nursing home residents (19%) compared to a national average of 11.8%. (Low-care residents have few activity of daily living (ADL) deficits.)

For the period between July 2004 and June 2005, 29.6% of new admissions met criteria for “low care,” which is in sharp contrast to the national average of 13.5%. A more recent review of Rhode Island nursing home admissions found that 25% of new admissions met criteria for “low care”. A review of nursing home Medical Assistance patient flow for State Fiscal Year 2008 shows a monthly census of 5,999 patients with an average of 286 patients being discharged and 247 individuals being admitted each month. States with lower investment in community alternatives appear to have higher proportions of “low care” nursing home residents.

Overall, research suggests that having a robust continuum of care helps to delay nursing home placement for those whose health is declining, while also offering alternatives for individuals to remain at home or in the community. Providing RItE @ Home has the potential to improve a recipient’s social interactions and physical activity as well as help to maintain daily living skills, which are important factors in sustaining one’s independence and emotional well being. The ability to maintain these factors appears to be very important in helping to defer and/or postpone a nursing home admission. Other states report that providing a range of home and community-based alternatives to nursing home care promotes enhanced life satisfaction among recipients.

RItE @ Home enriches the continuum of services available to Medicaid-eligible elderly and persons with physical disabilities by providing for self-directed care for the

consumer. RItE @ Home provides a valuable option in the spectrum of community-based solutions designed to offer alternatives for individuals who can appropriately remain in their community.

1.5 RItE @ Home Program Description

RItE @ Home services are an option available for adults who cannot live alone and require a considerable amount of help with the activities of daily living, such as eating, dressing, and personal hygiene, etc. RItE @ Home provides an alternative to institutional care for those that meet clinical, financial and other program criteria. RItE @ Home is a consumer-directed service designed to maximize the control and choice a person has over the services that are provided.

This service is available for Rhode Island seniors and adults with disabilities who are eligible for Medicaid Long Term Care (LTC) and are unable to live independently. Eligibility also requires that the individual meets financial and certain clinical Level of Care criteria. (Section 4 provides eligibility criteria information for RItE @ Home services).

The target population for RItE @ Home includes:

- Individuals who are currently living in nursing homes who would like to transition to community care
- Individuals being discharged from acute care settings who are unable to return to their homes
- Individuals no longer able to live independently
- Individuals receiving Home and Community Based Waiver Services that are no longer sufficient to allow them to remain at home

Agencies who are interested in providing RItE @ Home Services are encouraged to contact the Center of Child and Family Health for more information. Inquiries should be directed to:

Sharon Kernan, RN, MPH
Assistant Administrator
Center for Child and Family Health
Executive Office Health and Human Services
74 West Avenue
Cranston, RI 02920
Phone: (401) 462-3392

2.0 GENERAL PROVIDER AGENCY REQUIREMENTS

2.1 Organizational Requirements

Health and/or Human Service organizations and private companies that meet the requirements of these Program Standards may be approved as a RItE @ Home Provider.

The provider shall be enrolled in the Rhode Island Medical Assistance program. The provider shall be void of any major fraud and abuse actions by the federal Medicare or state Medicaid programs. The provider shall be in “good standing” with all licensure organizations/bodies.

2.2 State Presence

The provider must maintain an office in the State of Rhode Island. The provider may be able to perform some administrative functions out-of-state, with the approval of EOHHS, as long as it does not affect the quality, efficiency and delivery of RItE @ Home services required by these standards.

In the instance of a provider being based out-of-state, the provider shall have sufficient staff, management, and information technology to comply with these standards. The provider must designate a Program Director who will demonstrate compliance with the following requirements:

The Program Director and critical staff will work out of the provider’s office in Rhode Island and will serve as the liaison with EOHHS staff. The Program Director will be available to meet with EOHHS as needed.

2.3 Geography

The RItE @ Home provider must demonstrate that it can effectively provide coverage statewide for eligible individuals referred for services or those currently receiving RItE @ Home services.

2.4 Capacity

The RItE @ Home provider must demonstrate that it can maintain a supply of caregiver homes that adequately support the State’s mission in expanding the range of community-based services to the elderly and adults with disabilities by allowing such persons to live within a safe and secure home environment.

2.5 Access

The RItE @ Home provider must provide a system to receive and respond to emergency calls from the caregiver and/or recipient - 24 hours, 7 days per week. The agency must establish a written procedure to ensure that the client and/or caregiver know how to access the agency 24/7.

2.6 Code of Ethics and Professional Behavior

It is the policy of the State of Rhode Island that public officials and employees shall adhere to the highest standards of ethical conduct; respect the public trust and rights of all persons; be open, accountable, and responsive; avoid the appearance of impropriety; and not use their positions for private gain or advantage. Additionally, the following requirements must be met:

- No person subject to the code of ethics will have any interest, financial or otherwise, direct or indirect; engage in any business, employment, transaction, or professional activity; or incur any obligation of any nature which is in substantial conflict with the proper discharge of his/her duties or employment in the public interest and of his/her responsibilities, as prescribed in the laws of this State.
- No person subject to the code of ethics shall accept other employment, which will either impair his/her independence of judgment as to his/her official duties or employment or require him/her, or induce him/her, to disclose confidential information acquired by him/her in the course of, and by reason of, his/her official duties.
- No person subject to the code of ethics shall willfully and knowingly disclose, for pecuniary gain, to any other person, confidential information acquired by him/her in the course of, and by reason of, his/her official duties or employment or use any such information for the purpose of pecuniary gain.
- No person subject to the code of ethics shall use, in any way, his/her public office or confidential information received through his/her holding any public office to obtain financial gain, other than that provided by law, for himself/herself or spouse (if not estranged) or any dependent child or business associate, or any business by which said person is employed or which said person represents.
- No person subject to this code of ethics, or spouse (if not estranged), or dependent child, or business associate of such person, or any business by which said person is employed or which such person represents, shall solicit or accept any gift, loan, political contribution, reward, or promise of future employment based on any understanding that the vote, official action, or judgment of said person would be influenced thereby.
- No person shall give or offer to any person covered by this code of ethics, or to any candidate for public office, or to any spouse (if not estranged), or dependent child, or business associate of such person, or any business by which said person is employed or which such person represents, any gift, loan, political contribution, reward, or promise of future employment based on any understanding that the vote, official action, or judgment of said person would be influenced thereby.

In accordance with regulations pursuant to Title 37, Chapter Two, the State's Chief Purchasing officer is authorized to investigate and resolve conflicts, including, but not

limited to, the following measures: (1) reassignment of the State employee involved, (2) termination of the State employee involved, (3) debarment of any/all vendors involved.

2.7 Quality Assurance

The RItE @ Home provider must implement the EOHHS approved Quality Assurance Plan (QAP) and adhere to the following requirements:

- The provider must address complaints by recipients or caregivers within 15 days of notification.
- The provider must resolve any systemic problems identified by the State within 45 days of written notification.
- The provider must report inquiries, questions, complaints and resolutions to EOHHS.

(Please see: Section 7.3 and Appendix VII for the RItE @ Home Agency Reporting Requirements)

2.8 Financial Status

The RItE @ Home provider shall be financially solvent and able to demonstrate that it has sufficient financial resources, adequate net worth and good credit history to effectively supply the program requirements to SHARED LIVING recipients. (Please see: Section 7.3.1)

2.9 Subcontracting

The provider, with State approval, may employ subcontractors. The State encourages subcontracting with small businesses, minority business or provider networks. All requirements contained in these standards and terms and conditions of the contract, apply to sub-contractors.

2.10 Eligible Population

Individuals eligible for RItE @ Home must be enrolled in Medicaid Long Term Care or be eligible for enrollment. Refer to Sections 1.5, 4.0, 4.1 and 4.2 for further description of likely candidates for RItE @ Home.

Medicaid covers medical services for recipients who are either categorically needy or medically needy. The benefit levels for these groups vary. The State reserves the right to change or modify eligibility for eligible Medicaid recipients.

2.11 Administration and Management

Funding for consumers receiving RItE @ Home services is based upon a mix of supports and services. The RItE @ Home agency is required to deliver 24 hour personal supports including caregiver services, case management services, and agency administration that enable the recipient to live in a home-like setting. In addition, eligible recipients may choose to participate in adult day care programs for some portion of each week.

The total cost to the State for these services may not exceed an average amount of \$30,000 per recipient per year. (Please see Appendix IV: RItE @ Home Rate Structure)

2.12 Record Retention

Medical and other records shall be retained for authorized inspection for a period of five calendar years after the calendar year in which the services were provided. However, providers are advised that the statute of limitations for the Medical Assistance Fraud Control Act is ten years.

3.0 PROGRAM REQUIREMENTS

3.1 State Medicaid Requirements

RItE @ Home Providers shall comply with the EOHHS Code of Administrative Rules and Regulations (The official code is only accessible, in paper format, on-site at the Secretary of State's Office).

3.2 Provider Agreement

The RItE @ Home provider shall enroll in the RI Medical Assistance Program as a Provider of RItE @ Home services with the understanding that participation in the Executive Office of Health and Human Services Medical Assistance Program requires that all laws, rules, regulations, policies and amendments will be followed according to the specifications included in the "State of Rhode Island Department of Human Services Provider Agreement".

http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/MA_Providers/Enrollment/provider_agreement.pdf

3.3 Continued Compliance with Program Standards

RItE @ Home providers shall comply with these program standards throughout the enrollment period. EOHHS reserves the right to monitor and evaluate providers for compliance with these standards, Medicaid and State laws, and EOHHS regulations. RItE @ Home providers are required to provide periodic reports to EOHHS as identified in Section 7.3 and Appendix VII *RItE @ Home Agency Reporting Requirements*. For purposes of review, providers will provide access to EOHHS and/or its agents at reasonable times to review personnel and written records.

EOHHS reserves the right to apply a range of sanctions to providers that are out of compliance. These may include, but are not limited to:

- Suspension of new referrals
- Recoupment of funds when violations of Medicaid regulations occur
- Suspension of Provider Agreement
- Referral to appropriate legal authorities

3.4 Beneficiary Costs

Medicaid reimbursement is considered payment in full and the provider shall not be permitted to seek further payment from the beneficiary in excess of the Medicaid established rate.

The State reserves the right to require recipients to contribute to the costs of RItE @ Home services. This may include payment for room and board and a “cost-share”. (Please see: Section 5.2.3.)

3.4.1 Service Components and Rates of Reimbursement

RItE @ Home services consist of the following reimbursable service components:

- Caregiver Stipend
- Respite Services
- Administration and Care Management
- Safety Plan Development

Refer to Appendix IV for the RItE @ Home rate structure.

3.5.1 Daily Caregiver Stipend

EOHHS has established two daily rates for payment (stipend) to be made to the caregiver, one for highest and one for high level of care. The daily rate will be reduced by fifteen percent (15%) for each day the recipient attends adult day care.

3.5.2 Respite Care and Respite Allotment

The provider must establish policies and procedures for recruiting and screening respite care providers. Additionally, the provider will describe its approach to the allocation and management of Respite for the caregiver, including addressing unforeseen and planned absences. The annual cost of respite will not exceed \$3000 per individual and is pro rated on an annual basis. The agency and caregiver will determine the reimbursement rate for the respite provider. Respite care should not be used for more than two consecutive weeks at a time.

3.5.3 Administration and Care Management

The RItE @ Home agency is required to deliver twenty-four hour personal supports including caregiver services, case management services, and agency administration that enable the recipient to live in a home-like setting. In addition, eligible recipients may choose to participate in adult day care programs for some portion of each week.

RItE @ Home services may be provided to individuals who meet DHS criteria for “highest” level of care and “high” level of care. Individuals who meet the Preventive Level of Care will not be eligible to receive RItE @ Home services. (Please see Section 4.0 for a full description of the Levels of Care as defined in the Global Consumer Choice Waiver Compact.)

3.5.4 Service and Safety Plan Development

The RItE @ Home agency is responsible for developing a Service and Safety Plan that clearly identifies measurable short and long term goals and objectives for services and activities needed to meet the person’s needs for direct care, personal care and supervisory care. The Service and Safety Plan is a written document that delineates the responsibilities of the consumer, caregiver and RItE @ Home agency. Please see Section 5.4 for more information on the Service and Safety Plan requirements.

3.6 Adult Day Care Services

The Department of Health licenses Adult Day services at centers which provide frail and functionally challenged adults, including those with Alzheimer’s disease and related dementia, with care and supervision in a safe environment. Services include therapeutic, recreation, and health services, and respite for the caregiver.

Adult day care can be obtained from one of the centers located throughout RI. Services are available five days a week, with some centers also open on Saturdays. Age, income, assets and functional status are the primary factors in determining eligibility. State funded services are often authorized for three or six month periods. As long as the recipient meets eligibility requirements, the services can continue indefinitely.

3.7 Transportation

It is recommended that all transportation be provided by the caregiver whenever possible. If the caregiver is unable to transport, the client may use other forms of Medicaid-funded transportation. In each case the client must meet the criteria in place for the specific form of transportation he/she wishes to use. (Please see: Appendix X: RItE @ Home Transportation Policy).

4.0 LOCATION OF RITE @HOME WITHIN THE CONTINUUM OF CARE

RItE @ Home is a service option for individuals who meet criteria for “Highest Need Group” or the “High Need Group”, as defined in *The Global Consumer Choice Compact – 1115 Waiver Demonstration*. Nurses in the Office of Institutional/Community Services and Supports at EOHHS determine the level of care for each recipient. The level of care is reviewed on an annual basis and more frequently if there is a change in the client’s health or functional status.

There are three (3) Levels of Care, namely:

Highest Need Group

The following characteristic describes those meeting Highest Need:

- Individuals who require extensive assistance or are totally dependent in at least one Activities of Daily Living (ADL) measure
- Individuals who lack awareness of need or have moderate impairment with decision-making skills and at least one frequently occurring symptom/condition relating to aggressive behavior, resistance to care or wandering or behavioral symptoms requiring extensive supervision.
- Individuals who have at least one condition or treatment that requires skilled nursing assessment, monitoring and care on a daily basis
- Individuals who have an unstable medical, behavioral or psychiatric condition(s) or chronic or recurring conditions that require skilled nursing assessment, monitoring and care on a daily basis.
- Individuals who do not meet at least one of the above criteria may be enrolled in the Highest Needs Group when EOHHS determines that the individual has a critical need for long-term care services due to special circumstances that may adversely affect the individual’s health and safety.

High Need Group

The following characteristics describes those meeting High Need:

- Individuals who require at least limited assistance on a daily basis with at least two ADLs
- Individuals who require skilled teaching on a daily basis to regain functioning in speech, gait/range of motion or bowel/bladder training
- Individuals who have impaired decision-making skills that require constant or frequent direction in bathing, eating, dressing, toileting, personal hygiene or transferring
- Individuals who exhibit a need for a structured therapeutic environment, supportive interventions and/or medical management to maintain health and safety.

Preventive Need Group

(Individuals in this group are not eligible for services through the RItE @ Home Program)

Individuals who meet preventive service criteria shall be eligible for enrollment in the preventive needs group. Preventive services are designed to promote/preserve health and safety and alleviate symptoms to address functional limitations. Preventive services may avert or avoid institutionalization. The following services may be offered to individuals in need when it can be demonstrated that these services will improve or maintain abilities and prevent the need for more intensive services:

- Homemaker Services
- Minor Environmental Modifications
- Physical Therapy Evaluation and Services
- Respite Services

(Please see Appendix II: EOHHS Core and Preventative Home and Community-Based Service Definitions).

4.1 RItE @ Home Services for Individuals with Developmental Disabilities

Individuals with mild to moderate developmental disabilities who meet designated level of care criteria may be allowed to participate in the EOHHS RItE @ Home Program. Individuals must also meet all RItE @ Home appropriateness criteria. Clients who meet the following criteria may be considered for the RItE @ Home Program:

- Must be Medicaid eligible
- Must meet high or highest Level of Care criteria
- Must meet all RItE @ Home appropriateness criteria
- Must require mild to moderate needs for support, including needs which can be met with the assistance of no more than one person
- Must be able to take action for self-preservation (such as exiting the home in case of fire) with the assistance of no more than one person
- Must not be a danger to self or others
- Services duplicative of caregiver's responsibilities, such as Meals on Wheels or homemaker/home health aides, will not be allowed

The Department of Behavioral Health Care, Developmental Disabilities and Hospitals (BHDDH) will determine the need and be financially responsible for any day program supports that these individuals may need.

Individuals with developmental disabilities who do not meet criteria for the EOHHS RItE @ Home Program will be referred to BHDDH for services and supports.

4.2 Appropriateness for RItE @ Home

RItE @ Home is a consumer-directed service designed to maximize the control and choice an individual has over the specifics of service delivery. The consumer is fully involved in deciding if RItE @ Home services are appropriate to his/her needs. The consumer makes an informed decision on whether he/she is interested in RItE @ Home. The RItE @ Home agency will then provide more detailed and specific information to help the consumer and his/her family, at the recipient's discretion, determine if it is a good fit. The consumer must be willing to assume any risks inherent in a RItE @ Home placement.

RItE @ Home services are appropriate for:

- An individual who is unable to live independently.
- An individual who is not a danger to him or herself or others in the shared home.
- An individual who requires supervision and/or assistance in completing one or more of the following: dressing, personal hygiene, transportation, ambulation, nutrition, and health supervision.
- An individual who is capable, with direction and support from no more than one person, of taking action for self-preservation in case of fire or other emergency
- An individual who meets "highest need" or "high need" definition of level of care as determined by EOHHS. For an individual at the "highest" level of care, the appropriateness of RItE @ Home shall be based on an individual assessment and an assessment of risk to safety inherent in this type of placement. Both the caregiver and recipient are informed of this and are willing to assume this risk.
- An individual who is free from communicable disease or active infectious conditions as documented by a recent physical examination or appropriate medical screening (e.g., tuberculosis testing).

RItE @ Home services are not appropriate when:

- An individual has a communicable disease or an active infectious condition, which pose a threat to the health or safety of the other residents in the home.
- An individual exhibits behavior that poses a threat to self or others.
- An individual or caregiver does not agree to Program responsibilities and requirements.

- The individual requires more than one assist to evacuate the home in case of an emergency.

(Please see: Appendix VI – RItE @ Home Participant Agreement).

4.3 Assessment and Coordination Functions of EOHHS and DHS

RItE @ Home services will be authorized on the basis of a comprehensive review of the client's medical records completed by EOHHS registered nurses and a social assessment performed by DHS social caseworkers. The social caseworker will schedule a home visit to meet with the caregiver and recipient as part of this assessment. If any problems are identified they will be reported to the RItE @ Home provider agency. Determinations of the appropriateness of this service are determined in the context of the individual's needs, capabilities and wishes. Nurses and social case workers from DHS/EOHHS shall be responsible for:

- Coordinating eligibility with the Medicaid LTC eligibility staff
- Conducting assessments and review of client health and medical information
- Determining level of care
- Conducting periodic reviews of Service and Safety plans
- Consideration of the recipient's ability to exit the home with no more than one assist in case of emergency.

Annual re-determinations of eligibility for RItE @ Home will coincide with the one-year anniversary date of the initial effective date of approval for RItE @ Home services. (Please see Appendix XVI: RItE @ Home Eligibility Re-Determination Process)

In the event that a client is determined ineligible by EOHHS, the client and/or legal representative will be notified by EOHHS and provided with the reasons for this determination along with information regarding the applicant's right to appeal. (Please see Appendix IX: EOHHS Fair Hearing Information)

4.4 EOHHS Process for Service and Safety Plan Review

Nurses at EOHHS will review all initial and renewal Service and Safety Plans for each recipient. EOHHS will approve or deny a proposed Service and Safety Plan. Once approved by EOHHS, the recommendation for authorization and effective date for initiation of services is transmitted to the appropriate DHS Long Term Care Unit. (Please see Appendix XII: RItE @ Home Review Sheet)

For recipients who have been receiving other DHS Long Term Care authorized Home and Community Based Services, i.e. homemaker or home health aid services, the start date for RItE @ Home services will commence at least two weeks after the approval date

to allow the home care provider agency the opportunity to transition services in a reasonable and timely fashion.

4.5 EOHHS Home Visits

Staff from EOHHS will make a home visit to all new clients within 30 days of commencement of Shared Living Services. EOHHS may also choose to conduct home visits prior to its approval of a service and Safety Plan, at its discretion. The caregiver and recipient will be notified of a pre-approval visit. Subsequent visits will typically be scheduled in advance, but may also be unannounced. The following may occur as part of the visit:

- Review compliance with the Service and Safety Plan
- Identify any concerns resulting from caregiver and client interviews
- Make recommendations which may improve the quality of care for the recipient

4.6 Medical Necessity

Services and care shall be determined to be medically necessary in order to be eligible for Medicaid reimbursement. The term “medical necessity” or “medically necessary service” means medical, surgical, or other services required for the prevention, diagnosis, cure or treatment of a health related condition including services necessary to prevent a detrimental change in either medical or mental health status. In accordance with Medicaid regulations limits may be placed on services (e.g., establish the amount, duration and scope of services) and exclude any item or service that it determines is not medically necessary, is unsafe, experimental, or is not generally recognized as an accepted method of medical practice or treatment. EOHHS is the final determiner of medical necessity. (Please see Appendix XV: EOHHS Medical Necessity Policy)

4.7 Appeal Rights

Should EOHHS deny RItE @ Home services to a recipient or if the recipient disagrees with the decision made in regards to level or length of services, he or she has the right to request a Fair Hearing. (Please see Appendix IX: EOHHS Fair Hearing Information)

5.0 SERVICE DESCRIPTION - REQUIRED SCOPE OF SERVICES

5.1 Consumer Direction

RItE @ Home is a consumer-directed service that requires the recipient to express his/her wishes and consent to receiving RItE @ Home services. The recipient (or his/her designated representative) must be able to make a decision on which host home to select from homes that have been identified by the RItE @ Home agency, and participate in the development his/her Service and Safety Plan.

5.1.2 Client Rights and Responsibilities in the RItE @ Home Program

RIte @ Home clients must be informed of their rights and what they are entitled to receive under the RIte @ Home program requirements. To help prevent any misunderstanding between the RIte @ Home recipient, caregiver or provider, the Client Rights and Responsibilities, The Client Bill of Rights, and the participant Agreement Forms must be signed by each party. (Please see Appendix V-A and V: Client Bill of Rights, RIte @ Home Rights and Responsibilities and Appendix VI, Participant Agreement Form).

5.2 Service Components

5.2.1 Home and Personal Care Services and Supports

Caregivers are responsible for providing personal care services and supports 24/7 year round for the recipient, namely:

1. The caregiver shall provide a constructive, positive relationship and living experience for the recipient.
2. The caregiver shall provide assistance with or direct provision of Instrumental Activities of Daily Living such as meal preparation, laundry, shopping, and housekeeping.
3. The caregiver shall provide assistance with Activities of Daily Living such as bathing, dressing, grooming, toileting, transferring, and ambulating.
4. The caregiver shall provide companionship and opportunities for socialization.
5. The caregiver shall participate in the development of a multidisciplinary plan of comprehensive care that is developed in collaboration with the representative from the RIte @ Home agency and the consumer.
6. The caregiver shall ensure that the recipient has access to adequate and appropriate medical care as delineated in the RIte @ Home Service and Safety plan.
7. The caregiver shall provide, to the maximum degree possible, for the maintenance of skills that are already present to foster independence and community integration.
8. The caregiver, with support from the RIte @ Home agency, shall arrange for respite services on an as-needed basis up to the specified dollar amount allowed by EOHHS. (\$3000 annual maximum)
9. It is recommended that the caregiver provide transportation for the recipient whenever possible. If the caregiver is unable to transport, the client may use other forms of Medicaid-funded transportation. In each case the client must meet the criteria in place for the specific form of transportation he/she wishes to use. (Please see: Appendix X: Shared Living Transportation Policy)

Please Note:

Some recipients may choose to participate in adult day care programs, thus allowing for more flexibility on the part of the caregiver. The caregiver must be available to provide

care and supports to the recipient if he/she is unable to participate in adult day care on a given day due to illness, medical appointments or other reasons.

5.2.2 Host Home/Caregiver Requirements

The following describes the requirements of the Host Home and the Caregiver under the RItE @ Home program:

- The host home/caregiver does not meet the definition of an institution or assisted living facility in RI.
- The host home/caregiver is not subject to licensing requirements by RI agencies (e.g., DOH).
- The host home/caregiver must ensure an evacuation route is established and ensure compliance with all applicable local and state fire and safety codes, (e.g. presence of smoke detectors, carbon monoxide detectors, fire extinguishers and adequate exits or means of egress).
- The host home/caregiver must ensure such safety equipment is in good repair, and shows evidence of adequate maintenance and upkeep.
- The host home/caregiver must comply with all handicapped access requirements when a RItE @ Home recipient needs handicapped access.
- The host home provides unobstructed passageways throughout the house.
- The host home/caregiver provides the recipient with a private bedroom that has adequate ventilation, including a functioning window, and heat. The recipient is supplied with a bed and mattress, bed stand, adequate lighting, closet space, bureau, and a comfortable chair. Linens may be furnished or provided by the recipient. Telephone access is provided.
- The host home/caregiver provides the recipient with access to a secure bathroom that assures privacy, and has a finished interior with a mirror, ventilation and/or a functioning window, and tub/shower safety grab rails.
- The host home/caregiver provides the recipient with expendable items like facial and toilet tissues, towels, soap, and laundry supplies.
- The host home/caregiver meets requirements for universal safety/infection precautions and for management of hazardous materials.
- The host home/caregiver provides three regularly scheduled nutritious meals and snacks with any special dietary restrictions as needed by the recipient.
- The host home/caregiver resides in the home and is not legally financially liable for the recipient nor is the spouse of the recipient.
- The host home/caregiver maintains appropriate homeowner's liability insurance.
- Renter's liability insurance is strongly recommended for all host home caregivers.
- The caregiver and respite provider maintain motor vehicle liability insurance if he/she will transport care recipient.

The caregiver must sign a Caregiver Statement of Responsibility and Understanding form. (Please see Appendix VIII: Caregiver Statement of Responsibility and Understanding.)

The following are requirements of the caregiver:

- The caregiver must be at least 21 years of age;
- Must demonstrate competence to manage and respond to emergency situations; identify changes in a recipient's medical, physical or emotional functioning; and respond to the recipient's needs and concerns in a caring and effective manner
- Must successfully engage in and complete required and periodic training
- Must meet all requirements noted in Section 6.2.1

5.2.2.1 Respite Provider Requirements

The following are requirements of the Respite Provider:

- Must be at least twenty one years of age
- Must demonstrate competence to manage and respond to emergency situations; identify changes in a recipient's medical, physical or emotional functioning; and respond to the recipient's needs and concerns in a caring and effective manner
- Must successfully engage in and complete required and periodic training
- Must meet all requirements noted in Section 6.2.1

5.2.3 Room and Board and Cost-Share Requirements

Payment for room and board is not a Medicaid-funded service. Typically a percentage of the recipient's SSI or social security benefit will be set aside to cover the costs of room and board. This amount shall not exceed the equivalent of two thirds of the standard monthly SSI benefit. The client will be allowed to keep up to \$100 per month for personal needs allowance.

Clients entering the RItE @ Home program must formally designate a responsible party to ensure the caregiver receives the monthly room and board payment in a timely manner. This designation will be noted in the RItE @ Home Service and Safety Plan.

Clients whose monthly income exceeds the Medical Assistance Long Term Care limit will be required to contribute to the cost of RItE @ Home services. The amount of each client's "cost share" will be determined by his/her Long Term Care worker at the time of eligibility determination and at the time of redetermination.

Approved RItE @ Home agencies are responsible for collecting the client's monthly "cost-share". Approved agencies may terminate services with appropriate notification,

when recipients do not pay their cost-share in a timely manner. Each agency must develop policy and protocol for cost-share collection.

5.2.4 Assessment and RItE @ Home Planning Process:

Participation in RItE @ Home is voluntary and involves a process of becoming familiar with what RItE @ Home requires of a recipient as well as what it can offer. Referrals for RItE @ Home may come from many sources, including hospitals, DHS Long Term Care social workers, adult day care providers, nursing homes, families and others. Interested parties should contact EOHHS or an approved provider agency to determine if they meet eligibility and appropriateness criteria. (Please see Sections 1.5, 2.10, 4.0, 4.1 and 4.2 for a description of these criteria).

The RItE @ Home agency is responsible for providing an initial assessment of the consumer to determine his/her needs and preferences for the type of home environment or live-in caregiver that he/she is seeking. This assessment incorporates the recipient's medical history, diagnoses, medications, personal care needs, supervision needs, nursing care needs, cognitive needs, communication needs, diet and nutritional needs, night care needs, activities, lifestyle preferences, and other information, as appropriate, to ensure the person's care needs can be met.

The RItE @ Home agency will refer clients who are not already eligible for Medicaid Long Term Care to the appropriate LTC office, which will determine if the client meets LTC eligibility criteria.

The RItE @ Home agency is responsible for developing a process by which the agency reviews potential host homes that most appropriately meet the recipient's needs and preferences. The agency then presents the consumer with a choice of up to three host caregiver homes or caregivers. (More choices can be provided as needed when appropriate and available.) The RItE @ Home agency will develop a process by which the recipient (and family members, if invited by the recipient) have the opportunity to meet the potential caregiver and, when appropriate, other family members. The recipient/family members may choose to visit the host home and meet with the caregiver. The agency will work closely with the recipient and involved family members to develop a RItE @ Home placement that meets the recipient's needs, preferences and lifestyle to the greatest degree possible.

5.3 Documentation Requirements

The RItE @ Home provider will develop policies in relation to documentation requirements. These policies provide direction for the RItE @ Home staff, (case manager, nurse and caregiver), to document care provided. Agency policies include a description of the method and frequency of documentation. Documentation must be clear, legible, and include the date and time of care rendered and signed by the author. Interventions and outcomes should be recorded in chronological order. The recipient's progress and current status in meeting the goals and objectives of the Service and Safety Plan must be recorded. Significant events and/or changes in the recipient's condition should be documented whenever they occur. The caregiver will document at least on a monthly

basis the recipient's response to the RItE @ Home placement and note any changes or improvement, progress or decline in the recipient's condition.

As part of the development of the Service and Safety Plan, the agency should provide a narrative describing the recipient's health and social histories. This narrative, in the form of a cover letter will be submitted to EOHHS as part of the Service and Safety Plan. The recipient's health history will include at a minimum the following information:

- A short medical history, including past surgeries or major health problems
- Current medical conditions
- Doctors and their phone numbers
- Medications
- Immunizations
- Allergies (especially drugs, latex)
- Health Insurance information

The recipient's social history will include at a minimum the following information:

- Prior Occupation
- Years of education or highest degree
- Spouse or partner's name
- Number of children/grandchildren/great grandchildren
- Who resides in the home with the recipient
- Substance use (tobacco, alcohol, other)
- Leisure activities/Hobbies
- Religious/Spiritual activities
- Language(s) spoken
- Literacy level
- Transportation arrangements

5.4 RItE @ Home Service and Safety Plan

Once the recipient agrees to participate in a specific RItE @ Home placement, the agency is responsible for developing a Service and Safety Plan that clearly identifies unique measurable short and long term goals and objectives for services and activities needed to meet the person's needs for direct care, personal care and supervisory care. The Service and Safety Plan is a written document that delineates the responsibilities of the consumer, caregiver and RItE @ Home agency. The goals and objectives are clearly stated and written in behavioral terms in order to measure progress. Goals and objectives should be:

- Specific to the recipient's needs
- Measurable;
- Achievable;
- Results oriented (i.e. written as a behavioral objective or something to be achieved);
- Defined time period.

The Plan must be reviewed and approved by a Registered Nurse who is employed by the RItE @ Home agency. This same nurse will be assigned by the agency to make periodic home visits to the recipient to monitor the recipient's overall health status and well being. This nurse will have responsibility for communication and collaboration with other health care providers involved in the recipient's care, including nurses from Connect Care Choice or Rhody Health Partners, community mental health centers, visiting nurse agencies, hospice and other health care providers, as well as adult day care agencies if the recipient participates in adult day care. The nurse will conduct an initial nursing assessment, which is the fundamental baseline of the nursing process: assessment, nursing diagnosis, planning, intervention, and evaluation. This assessment identifies problem areas to the nurse, which allows him or her to develop a care plan that will guide the caregiver in meeting the recipient's needs. The nursing care plan will be incorporated into the Service and Safety Plan.

The recipient (and family members, when appropriate) are prime contributors to the development and approval of initial and renewal RItE @ Home Service and Safety Plans. The recipient must sign the Service and Safety Plan with the agency prior to the commencement of services. The agreement must include specific information about the appropriate tasks and responsibilities of the caregiver and the rights and responsibilities of the recipient.

A Service and Safety Plan lists what is to be provided, by whom and when/how. Basic elements of a Service Plan include but are not limited to:

1. Recipient interest and willingness to participate.
2. Recipient's ability to perform Activities of Daily Living and Independent Activities of Daily Living
3. The recipient's preferences such as daily routine, grooming, food, and interests
4. Meals and dietary preferences
5. Medical or physical health problems relevant to care and services, including dental, vision, or hearing services
6. Cognitive or emotional impairments relevant to care and services
7. Behavioral interventions relevant to care and services
8. Treatments or procedures relevant to care and services
9. Communication needs (e.g., hearing or vision; language issues such as sign language or non-English speaking)
10. Social, spiritual, lifestyle and recreational activities, and participation with significant others
11. Ability to exit the home in case of an emergency with no more than one assist
12. Special equipment needed or used by the recipient
13. Night needs
14. Laundry needs
15. Medication management
16. Need for in-home services such as VNA or Hospice Care
17. Client transportation needs

The Service and Safety Plan must be completed and signed by the recipient and caregiver prior to service initiation.

5.4.1 Duration and Continuation of Service

Care plans and service authorizations are valid for up to 12 months. The RItE @ Home agency is required to revise a Service Plan annually and as needed throughout an authorized period of care. If desired, the recipient may have family members or others participate in the development of the initial and renewal plan. Renewal Service and Safety Plans are must be submitted to EOHHS by the last day of the month in which the annual re-determination is done.

The RItE @ Home agency has the responsibility to verify Medicaid LTC coverage throughout a recipient's plan of care. The Medicaid Program is not financially liable for any Shared Living Services provided to individuals who are no longer eligible for Medicaid LTC.

5.5 Caregiver Respite, Sick Leave and Vacation Coverage

In accepting responsibility to provide caregiver services, the caregiver shall maintain a home-like atmosphere for the recipient whose personal care and supports are the responsibility of the caregiver and the RItE @ Home agency. The agency has the responsibility to see that respite, sick leave and/or vacation periods are covered such that the recipient's placement is not jeopardized and that services are not interrupted. The agency must have policies that address the management of caregiver respite, sick leave and vacation coverage. The maximum allowable time in which a caregiver seeks respite care/vacation is two consecutive weeks at a time.

5.5.1 Temporary Interruption in Placement for Medical Reasons

In choosing to seek RItE @ Home, a recipient is electing to make a host home his/her place of residence for the foreseeable future. (In other cases, caregiver's may choose to reside in the care recipient's home). At times the recipient of RItE @ Home services may require a period of hospitalization, nursing home care or other institutional care. Medical Assistance does not reimburse agencies for care of the recipient on the day of discharge. The RItE @ Home agency must have policy that addresses the temporary interruption of services that reserves the recipient's placement and/or resumption of RItE @ Home services. The recipient and RItE @ Home agency must clearly identify and agree to the period of time, costs, and procedures required to reserve RItE @ Home services. EOHHS is unable to reimburse for any time period in which the client is not actually receiving RItE @ Home services. When a placement interruption of 30 days or longer occurs, the LTC social caseworker and nurse in CCFH/EOHHS must be notified on an Occurrence Form. An interruption in placement of 30 days or more will result in closure of the RItE @ Home plan of care. The LTC office should be notified of any substantial change in the client's status, i.e., hospitalization or nursing home admission. A new Service and Safety

Plan must be submitted to EOHHS for review and approval before services can be resumed. *Please note: EOHHS policy does not permit agency or host home caregiver reimbursement for day of discharge.*

The RItE @ Home Agency must also be able to respond to an unplanned or unexpected situation necessitating an immediate alternative home placement. The RItE @ Home agency must have in place policies and procedures that address immediate interim placement that affect an orderly transfer of a recipient to a replacement host home or substitute caregiver.

5.5.2 Coordination and Integration of Other Health Services

Individuals participating in RItE @ Home may benefit from participation in an Adult Day Program. This may be identified as part of the assessment provided by the EOHHS nurses or may become evident during the recipient's placement.

Participation in Adult Day Programs is encouraged and may be considered at any time during an individual's participation in RItE @ Home. While participation in an Adult Day Program must always be a voluntary choice, a caregiver may choose to provide RItE @ Home services only to individuals who participate in an Adult Day Program. Similarly, the EOHHS Assessment Unit may determine that an individual is appropriate for RItE @ Home only if he/she participates in an Adult Day Program for some specified time period each week. In these cases, failure to regularly attend Adult Day may result in discharge from the Shared Living Program. (Please see Sections 3.5.1 and 3.6 for additional information on Adult Day Services.)

5.6 Transfer, Termination and Discontinuation of RItE @ Home

5.6.1 Transfer

The RItE @ Home agency as well as the caregiver and recipient share responsibility for placement success. The agency is responsible for making a focused effort to mediate conflicts/disputes that may arise in the initial weeks and months of a new RItE @ Home placement. If a successful placement cannot be achieved, despite the best efforts of all the involved parties, the recipient has the right to seek transfer to another host home. The RItE @ Home agency shall work with the recipient to identify a new host home or a new caregiver.

The RItE @ Home Agency must also be able to respond to an unplanned or unexpected situation necessitating an immediate alternative home placement. The RItE @ Home agency must have in place policies and procedures that address immediate interim placement and that allow an orderly transfer of a recipient to a replacement host home or substitute caregiver.

The RItE @ Home agency has the responsibility to protect the recipient from residing in an unsafe home or living with an unsafe caregiver. The agency must ensure it can protect the health, safety and well being of the recipient. Instances of sexual harassment, threats of violence, exploitation, intimidation, assault, alcohol or drug abuse, and other health risks constitute grounds for the recipient's immediate removal and prompt placement in an interim host home, until a permanent replacement host home or caregiver can be identified. Agencies must report all such instances as required by state law.

5.6.2 Termination

A recipient has the right to terminate RItE @ Home at any time during an authorized course of service. The recipient is expected to give thirty (30) days notice to the RItE @ Home agency if he/she wishes to terminate RItE @ Home services. Likewise, caregivers are required to give a minimum of thirty (30) days notice if they wish to terminate.

5.6.3 Discontinuation

A recipient of RItE @ Home can only be discharged from placement for specific cause. Circumstances that effect discontinuation of RItE @ Home services are serious and should be avoided if possible. It is the responsibility of the RItE @ Home agency to have policy that addresses discontinuation for the following reasons:

- This level of service is no longer appropriate because the recipient requires more specialized care
- The recipient has been hospitalized for more than 30 days.
- The recipient is at risk of harm to self or others and cannot be stabilized.
- The recipient and/or the caregiver is not fulfilling his/her responsibilities required for participation in RItE @ Home.
- The recipient is not paying his/her cost share in a timely manner.

6.0 RESPONSIBILITIES OF THE RITE @ HOME AGENCY

6.1 Network Development

The RItE @ Home agency must have a marketing, recruitment and retention plan that identifies host home/caregivers throughout Rhode Island. The applicant must demonstrate how it will develop and manage these operations with respect to:

- Local advertising;
- Networking the professional community, professional organizations and the community at large;
- Development of a program brochure and web-based advertising.

(Note: All program materials including a brochure and web site content must be approved by EOHHS prior to use.)

The RItE @ Home agency must develop a network of caregivers and respite providers adequate to support the needs of individuals eligible for RItE @ Home services.

6.2 Requirements of the RItE @ Home Agency

6.2.1 Personnel Management

1. The RItE @ Home agency shall conduct a certification of caregivers that establishes competency and commitment to providing RItE @ Home services.
2. The RItE @ Home agency shall require all adults residing in a host home to submit results of a national criminal background checks (BCI). Agencies should advise applicant care givers and/or respite workers that if their background check reveals any felony or non-felony convictions they will not be eligible to participate in this program. In this situation, agencies should assist potential care recipients to identify alternate caregivers or respite workers, or the agency may choose to recruit them independently. Positive findings may require explanation.
3. The RItE @ Home agency must screen all adults in the host home for problems with alcohol or drug abuse.
4. The RItE @ Home agency must require host home caregivers to produce evidence of good physical health and maintain annual physical examinations documenting health status and compliance with appropriate immunizations, as mandated by the Agency, unless otherwise recommended by the individual's primary care provider.
5. The RItE @ Home agency shall encourage that caregivers obtain an annual seasonal influenza vaccine.
6. The RItE @ Home agency shall require three character references and conduct extensive personal interviews of any caregiver applicant.
7. The RItE @ Home agency must verify that the caregiver and respite provider are safe drivers, if he/she will transport care recipient. There can be no suspension of his/her license for driving under the influence of alcohol or drugs.
8. The RItE @ Home agency must verify that the caregiver and respite provider maintain motor vehicle liability insurance if he/she will transport the care recipient. The agency must verify that there is no interruption of insurance coverage during a recipient's placement.

6.2.2 Home Study

The RItE @ Home agency will conduct a home visit prior to the development of the Service and Safety plan to determine that the following requirements are met:

1. The RItE @ Home agency must provide initial and annual host home inspections to ensure compliance with local and state fire regulations and necessary handicapped supports/accommodations. The agency must verify that a furnace inspection is done prior to service initiation. Smoke detectors, carbon monoxide detectors and fire extinguishers must be in place and maintained in good working order.
2. The RItE @ Home agency is responsible to see that all repairs or modifications are made in a timely manner and do not pose a danger or impediment to the resident.
3. The RItE @ Home agency must develop, along with the caregiver, an evacuation plan in the event of fire or hazard that is consistent with the ability of the recipient to comprehend and execute. The care recipient must be able to safely exit the home with no more than one person providing assistance.
9. The RItE @ Home agency must document that any firearms and ammunition of the caregiver and host home residents are secured in locked storage.

If a client seeks new housing, they must notify the RItE @ Home agency. The agency must then conduct a home assessment of the new home within fourteen days (14) of moving. If the new home environment does not meet safety criteria (Please see Section 5.2.2 Host Home/Caregiver Requirements), the agency will work with the caregiver to bring the home into compliance within thirty (30). All clients and caregivers in the RItE@ Home program should be advised upon initial application that approval for shared living services may not continue if they relocate to a new home environment that does not meet RItE @ Home requirements.

Note: RItE @ Home recipients may be eligible to receive some additional Medicaid LTC services. Examples may include minor home modifications or durable medical equipment. All adaptive and/or medical equipment must be kept in good repair. (Please see Appendix III: Limitations and Special Considerations for Special Medical Equipment and Specialized Supplies)

6.2.3 Compliance Requirements

The RItE @ Home agency must comply with the following requirements of State and Federal laws regarding the Health Insurance Portability Accountability Act (HIPAA):

- The RItE @ Home agency must maintain confidentiality of all Medical Assistance recipients' records and information.
- The RItE @ Home agency must maintain staff and caregiver personnel records to track training and performance evaluations.
- The RItE @ Home agency must maintain accurate records for payment of stipends and respite services for accounting and tax purposes.

Additionally the The RItE @ Home agency will be expected to comply with the following disclosures regarding ownership, control and business transactions:

- *42 CFR 455.104 Disclosure by providers and fiscal agents: Information on ownership and control;*
- *42 CFR 455.105 Disclosure by providers: Information related to business transactions*

Copies of these forms are available upon request from EOHHS.

6.2.4 Nursing

The RItE @ Home agency must have a registered nurse with an active RN license who will have the following responsibilities:

- For each recipient, the nurse must complete a nursing assessment, devise a problem list and develop a nursing plan of care which will be included as part of the Service and Safety Plan.
- The nurse must coordinate all aspects of other applicable clinical assessments.
- The nurse must conduct on-site visits as needed to facilitate the successful transition and continued stay of a recipient in the RItE @ Home Program.
- The nurse must conduct home visits to achieve the outcomes as specified in the individual's service plan. Frequency of visits should be determined by the needs of the client and caregiver.
- The nurse must oversee and document that the recipient's health care needs are being consistently addressed in accordance with the recipient's Service and Safety Plan and nursing care plan.
- The nurse must maintain nursing progress notes for each home visit.
- The nurse must document all visits or interactions with other providers when addressing a significant change in a recipient's health or psychosocial functioning.
- The nurse must coordinate and maintain communication with the recipient's health care provider(s) and collaborate with any ancillary services (e.g., physical therapy, speech therapy, or occupational therapy) that a recipient requires. The nurse must report any changes in a recipient's condition to his/her physician.
- The nurse must communicate and collaborate with the nurse care manager assigned to the recipient by Rhody Health Partners or Connect Care Choice.
- The nurse must document education and training of the caregiver and care recipient about hygiene and health concerns.
- The nurse must provide education, support and training to the caregiver relative to the recipient's condition.
- The nurse must collaborate with the Shared Living care manager in addressing the needs of the recipient.

6.2.5 Medication Management

The RItE @ Home agency must comply with state laws for a recipient requiring assistance with medication management. The following rules must be followed at all times:

- All medication, including over the counter medication, must be labeled in terms of name, dosage, and when it is taken. All medications must be stored in original packaging.
- Recipients capable of self-medication may keep medications in their own room providing medication is stored in a secure manner. Written approval from the recipient's physician or nurse practitioner is required for recipient self-medication.
- The caregiver must have a list of the recipient's medications including dosage, reason for use, frequency of use, and possible side effects. List must be kept updated by the agency nurse.
- The caregiver can monitor and give reminders to the recipient about taking medication.
- The caregiver cannot withhold prescribed medication without medical authorization from prescribing physician. All such instances must be documented in the recipient's record.
- The Registered Nurse will review the recipient's medication regimen on a monthly basis and document any caregiver/recipient non-compliance, adverse actions or allergies related to the medication. Any adverse events or allergies must be immediately reported to the prescribing physician.
- The Registered Nurse will verify that caregiver/recipient are able to correctly use glucometer, including sliding scale, per physician orders.

Assuring the safe storage and security of medications is important in ensuring client safety. Examples of proper storage and security of medications include confirming that refrigerated items are stored under proper conditions; that external products are stored separately from medications administered internally; assuring stored products are clearly labeled and that controlled substances are locked in an appropriate manner. The Registered Nurse must ensure that medication refills are obtained in a timely manner. The Registered Nurse must also verify that, when needed, the host home has secure sharps container for lancets and used needles/syringes and how to safely and properly dispose of used sharps. (Please see Appendix XVIII Record of Narcotics/Controlled Substances Administered)

6.2.6 Training

The RItE @ Home agency must provide training to caregivers and respite providers that includes but is not limited to the following:

- Orientation to the recipient's needs and presenting condition(s)
- CPR certification
- First Aid training
- Reporting requirements for documentation of unusual incidents.

Additionally, the caregiver will receive training on documentation of routine contacts and monthly written progress reports. The RItE @ Home agency must have policies and procedures for orientation of caregivers to the needs of the recipient, and for developing a process for continuously evaluating training needs and providing periodic training for caregivers. All training sessions will be dated and signed by the trainer, the caregiver and respite provider.

When a recipient is in the Comfort One program or has a duly executed Do-not-resuscitate order, the requirement of CPR training can be waived when the following have occurred:

- The agency has verified that the client is in the Comfort One program or there is a properly executed DNR order.
- The recipient is cognizant of this and the family members are aware that this is the client's voluntary choice;
- The recipient's primary care provider has been consulted and is aware of the client's choice.

It is recommended that the RItE @ Home agency instruct the family/care recipient to register with the Department of Health's program for notification of first responders or to directly notify their local fire department of the Comfort One/DNR request.

First aid training is required for clients with a Comfort One/DNR request.

6.2.7 Management of Recipient Needs

The RItE @ Home agency has the responsibility to successfully match host homes/caregivers with recipients who meet assessment criteria and want this type of living arrangement.

The RItE @ Home agency must provide information regarding RItE @ Home to ensure understanding of the services, respective roles and responsibilities of the RItE @ Home agency, the consumer, and the caregiver(s).

The RItE @ Home agency must demonstrate that it can meet regularly with a recipient and caregiver to facilitate and sustain a recipient's placement. At a minimum, the case manager must meet weekly during the first two months of placement and once a month ongoing for the duration of placement. Meetings shall include visiting with the recipient alone, the caregiver alone, and the recipient and caregiver together.

The RItE @ Home agency must establish and maintain communication and collaboration with the recipient, the recipient's family members when requested by the recipient, and caregivers in the development and execution of an individualized plan of care.

The RItE @ Home agency is responsible for ensuring that the case manager and nurse are informed of any changes in the recipient's health or mental well being, once the agency has been notified by the caregiver of such change. This information should be exchanged in a timely manner.

The RItE @ Home agency will ensure that the caregiver is aware of all of the recipient's medical or dental appointments, and provides/arranges for transportation.

The RItE @ Home agency must provide ongoing monitoring and supervision to caregivers. The case manager and/or the nurse will monitor services and the quality of care provided to the recipient.

The RItE @ Home agency must provide nursing visits and supports as needed by the recipient.

The RItE @ Home agency must ensure caregiver compliance with medication administration and management of medications, namely:

- The caregiver must have a list of all medications used by the recipient., including dosage, frequency of use, reason for the medication and possible side effects
- The caregiver can monitor and give reminders to the recipient about taking medication.
- The caregiver cannot withhold prescribed medication without medical authorization.

The RItE @ Home agency must address a recipient's and/or family's grievances or concerns in a prompt and non-threatening manner. The RItE @ Home agency must keep records and documentation of all complaints and their resolution and report to EOHHS as described in Section 7.3.3

The RItE @ Home agency must provide a safe temporary living arrangement for a recipient whose RItE @ Home arrangement becomes disrupted.

6.3 Staff Requirements

6.3.1 Program Director

The following are the requirements for the Program Director:

- The Program Director shall have a bachelor's degree, preferably in human services,
- At least three years experience working with the target population,
- Experience in managing RItE @ Home services or similar programs.

6.3.2 Caregivers (Refer to Section 5.2.2)

6.3.3 Case Manager

The following are requirements of the Case Manager:

- Must be at least 21 years of age
- Must have completed an Associate's or Bachelor's degree in human services
- Must have training and education in working with the elderly and/or physically disabled
- Must have at least one year of experience in working with the elderly and/or physically disabled

6.3.4 Licensed Registered Nurse

The following are the requirements for the Registered Nurse:

- Must have a valid license from the Rhode Island Department of Health
- Must have three years of experience working with the elderly and/or physically disabled
- Must be capable of providing direction and guidance to care recipients, case managers and caregivers

7.0 RITE @ HOME PROGRAM PERFORMANCE STANDARDS

RItE @ Home agencies are expected to manage and oversee services in compliance with these RItE @ Home performance standards, which have been established to assure recipients of high quality services. Agencies are required to provide periodic reports to EOHHS regarding their level of compliance with performance standards. See Appendix

VII for reporting Requirements. Agencies that do not meet established performance standards will be required to provide corrective action plans. Consistent failure to meet performance standards may result in termination of the Provider Agreement. These performance standards are set forth below.

7.1 Timelines for New Referrals

RIte @ Home agencies are expected to schedule an intake appointment as soon as possible after receiving a referral. All intake appointments must be completed within 5 business days after receiving referral. The RIte @ Home agency has three (3) days to begin the process of matching a recipient with a caregiver once the intake process has been completed. The RIte @ Home agency may request additional time if there are mitigating circumstances.

7.2 RIte @ Home Service and Safety Plan Development and Renewals

The initial RIte @ Home Service and Safety Plan must be completed and approved by EOHHS prior to a recipient's placement. Plans must be renewed on an annual basis at the time of the annual re-determination. Plan revisions should be made at any time when significant changes in the host home environment or condition of the recipient occur. Initial and updated Service and Safety Plans must be shared with the caregiver and care recipient, and submitted to EOHHS.

7.3 RIte @ Home Agency Reporting Requirements

EOHHS has the responsibility to monitor and assess the ability of RIte @ Home providers to successfully deliver and maintain RIte @ Home services pursuant to the requirements in these program standards and the RI Medical Assistance Provider Participation Agreement. (Please see Appendix VII: Management of Recipient Needs Report).

7.3.1 Revenue and Expense

The provider must submit a copy of the agency's financial audit each year. The results of the financial audit should be submitted to EOHHS by July 10th of each calendar year.

7.3.2 Quality Assurance

The provider must address complaints by recipient or caregivers as soon as possible, but no later than within 15 days of notification. The provider must resolve any systemic problems identified by the State within 45 days of written notification.

Complaint Report: The RIte @ Home provider will provide a monthly report of all complaints received by caregivers, recipients and/or family/friends. This report is due on the tenth (10th) of the month following the reporting month. (Please see Appendix VII- Management of Recipient Needs Report – Table 4)

Annual Satisfaction Surveys: The provider must also conduct annual surveys of consumer/family satisfaction and caregiver satisfaction. The survey results must be provided to EOHHS.

7.3.3 Management of Recipient Needs

The provider is responsible to assess, match and sustain a recipient's placement on a continuous basis.

The RItE @ Home provider must submit a monthly report demonstrating compliance in regards to the following:

- 1) The number of unique individuals who received RItE @ Home Services during the reporting month.
- 2) The number of active participants who have been approved and a start date has occurred. This number is calculated on the last day of the reporting month.
- 3) The number of recipients whose RItE @ Home services have been suspended
- 4) Reasons for the suspensions –
 - Temporary admission to a Nursing Home or Rehabilitation Facility
 - Hospital admission
- 5) Number of discharges
- 6) Reasons for discharges
 - No longer MA eligible
 - Permanent placement in nursing home
 - Voluntary withdrawal from RItE @ Home Program
 - Deceased
 - Moved out-of-state
- 7) Complaints
 - Reported by caregivers and/or recipients

This report is due on the 10th day of the month following the reporting month. (Please see Appendix VII: Management of Recipient Needs Report – for Report Template).

Appendix I: RItE @ Home Program Policy
Rhode Island Executive Office of Health and Human Services

0399.20.02 EOHHS Shared Living Policy
REV:07/2009

Shared Living is defined as personal care, homemaker, chore, attendant care and related services provided in a private home setting by a care provider who lives in the home. RItE @ Home is a service provided to Medicaid beneficiaries eligible for long-term care services who are elderly or adults with disabilities who are unable to live independently and who meet the highest or high level of care as determined through the evaluation conducted by the Assessment and Coordination Organization as specified in Section 0399.06. Each Medicaid beneficiary opting for Shared Living services will have a Shared Living Service and Safety Plan, developed to meet their own unique, individual needs.

Shared Living providers certified to serve Medicaid beneficiaries shall be selected in accordance with the standards developed for such purposes under the auspices of the Executive Office of Health and Human Services. These certification standards vary by population served so as to ensure services can be tailored to better meet the needs of beneficiaries.

0399.20.02.01 Scope and Limitations
REV:07/2009

Shared Living certification standards and options developed and implemented by the Department of Mental Health, Retardation and Hospitals (BHDDH) in effect on June 30, 2009 shall remain in effect under the Global Waiver unless or until such time as the BHDDH determines otherwise.

Appendix II: Core and Preventative Home and Community Based Service Definitions
Executive Office of Health and Human Services

CORE & PREVENTIVE HOME AND COMMUNITY BASED SERVICE DEFINITIONS¹

CORE SERVICES

Homemaker: Services that consist of the performance of general household tasks (e.g. meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the state for the provision of these activities.

Environmental Modifications (Home Accessibility Adaptations): Those physical adaptations to the private residence and/or vehicle of the participant or the participant's family, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g. in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheel chair). All services shall be provided in accordance with applicable State or local building codes and are prior approved on an individual basis by the EOHHS – Center for Adult Health.

Special Medical Equipment (Minor Assistive Devices): Specialized Medical Equipment and supplies to include (a) devices, controls, or appliances, specified in the plan of care, which enable participants to increase their ability to perform activities of daily living; (b) Devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; including such other durable and non-durable medical equipment not available under the State plan that is necessary to address participant functional limitations. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation. Provision of Specialized Medical Equipment requires prior approved on an individual basis by the EOHHS.

Meals on Wheels (Home

¹ From Attachement B, Federal Global Consumer Choice Waiver, approved 1/2009

Meals): The delivery of hot meals and shelf staples to the waiver recipient's residence. Meals are available to individuals unable to care for their nutritional needs because of a functional dependency/disability and who require this assistance to live in the community. Meals provided under this service will not constitute a full daily nutritional requirement. Meals must provide a minimum of one-third of the current recommended dietary allowance. Provision of home delivered meals will result in less assistance being authorized for meal preparation for individual participants, if applicable.

Personal Emergency Response (PERS): PERS is an electronic device that enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated.

Trained professionals staff the response center, as specified by Center for Adult Health contract Demonstration Approval Period: January 16, 2009 through December 31, 2013 standards. This service includes coverage for installation and a monthly service fee. Providers are responsible to insure the upkeep and maintenance of the Devices/systems.

LPN Services (Skilled Nursing): Licensed Practical Nurse services provided under the supervision of a Registered Nurse. Licensed Practical Nurse Services are available to participants who require interventions beyond the scope of Certified Nursing Assistant (C.N.A.) duties. LPN services are provided in accordance with the nurse practice act under the supervision of a registered nurse. This service is aimed at individuals who have achieved a measure of medical stability despite the need for chronic care nursing interventions.

Community Transition Services: Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include: security deposits that are required to obtain a lease on an apartment or home, essential household furnishings, and moving expense, set-up fees or deposits for utility or service access, services necessary for the individual's health and safety and activities to assess need, arrange for and procure needed resources. Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources. They do not include ongoing shelter expenses; food, regular utility charges, household appliances or items intended for recreational purposes.

Residential Supports: Assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in their own home and a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of facility maintenance (where applicable), or upkeep and improvement.

Day Supports: Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills. Day supports focus on enabling the individual to attain or maintain his/her maximum functioning level and are coordinated with any other services identified in the person's individual plan.

Supported Employment: Includes activities needed to sustain paid work by individuals receiving waiver services, including supervision, transportation and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting

Supported Living Arrangements: Personal care and services, homemaker, chore, attendant care, companion services and medication oversight (to the extent permitted under State law) provided in a private home by a principal care provider who lives in the home. Supported Living Arrangements are furnished to adults who receive these services in conjunction with residing in the home. Separate payment will not be made for homemaker or chore services furnished to an individual receiving Supported Living Arrangements, since these services are integral to and inherent in the provision of adult foster care services.

Private Duty Nursing: Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law and as identified in the ISP.

These services are provided to an individual at home.

Supports for Consumer Direction (Supports Facilitation): Focuses on empowering participants to define and direct their own personal assistance needs and services; guides and supports, rather than directs and manages, the participant through the service planning and delivery process. The Facilitator counsels, facilitates and assists in development of an Individual Service Plan which includes both paid and unpaid services and supports designed to allow the participant to live in the home and participate in the community. A back-up plan is also developed to assure that the needed assistance will be provided in the event that regular services identified in the Individual Service Plan are temporarily unavailable.

Participant Directed Goods and Services: Participant Directed Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need and are in the approved Individual Service Plan (including improving and maintaining the individual's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; AND/OR promote inclusion in the community; AND/OR the item or service would increase the individual's ability to perform ADLs or IADLs; AND/OR increase the person's safety in the home environment; AND, alternative funding sources are not available. Individual Goods and Services are purchased from the individual's self-directed budget through the fiscal intermediary when approved as part of the ISP. Examples include a laundry service for a person unable to launder and fold clothes or a microwave for a person unable to use a stove due to his/her disability. This will not include any good/service that would be restrictive to the individual or strictly experimental in nature.

Case Management: Services that assist participants in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained.

Case managers are responsible for ongoing monitoring of the provision of services included in

the individual's plan of care. Case managers initiate and oversee the process of assessment and assessment of the individual's level of care and review of plans of care on an annual basis and when there are significant changes in client circumstances.

Senior Companion (Adult Companion Services): Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the participant with such tasks as meal preparation, laundry and shopping. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks, which are incidental to the care and supervision of the participant. This service is provided in accordance with a therapeutic goal in the service plan of care.

Assisted Living: Personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a home-like environment in a licensed community care facility in conjunction with residing in the facility. This service includes 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Individuals or agencies may also furnish care directly, or under arrangement with the community care facility but the care provided by these other entities supplements that provided by the community care facility and does not supplant it.

Personalized care is furnished to individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which may or may not include kitchenette and/or living rooms and which contain bedrooms and toilet facilities. The consumer has a right to privacy. Living units may be locked at the discretion of the consumer, except when a physician or mental health professional has certified in writing that the consumer is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with fire code.)

Each living unit is separate and distinct from each other. The facility must have a central dining room, living room, or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk. Care must be furnished in a way which fosters the independence of each consumer to facilitate aging in place. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible, and treat each person with dignity and respect. Costs of room and board are excluded from payments for assisted living services.

Personal Care Assistance Services: Personal Assistance Services provide direct support in the home or community to individuals in performing tasks they are functionally unable to complete independently due to disability, based on the Individual Service and Spending Plan. Personal Assistance Services include:

- Participant assistance with activities of daily living, such as grooming, personal

hygiene, toileting bathing, and dressing

- Assistance with monitoring health status and physical condition
- Assistance with preparation and eating of meals (not the cost of the meals itself)
- Assistance with housekeeping activities (bed making, dusting, vacuuming, laundry, grocery shopping, cleaning)
- Assistance with transferring, ambulation; use of special mobility devices

Assisting the participant by directly providing or arranging transportation (If providing transportation, the PCA must have a valid driver's license and liability coverage as verified by the FI).

Respite: Respite can be defined as a service provided to participants unable to care for themselves that is furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Federal Financial Participation is not claimed for the cost of room and board as all respite services under this waiver are provided in a private home setting, which may be in the participant's home or occasionally in the respite provider's private residence, depending on family preference and case-specific circumstances.

When an individual is referred to a EOHHS-certified respite agency, a respite agency staff person works with the family to assure they have the requisite information and/or tools to participate and manage the respite services

The individual/family will already have an allocation of hours that has been recommended and approved by EOHHS. These hours will be released in six-month increments. The individual/family will determine how they wish to use these hours. Patterns of potential usage might include:

intermittent or occasional use; routine use of a few hours each week; planned weekends away; a single block of hours that might allow the rest of the family to spend a few days together, or some combination of the above. The individual's/family's plan will be incorporated into a written document that will also outline whether the individual/family wants help with recruitment, the training needed by the respite worker, the expectations of the individual/family relative to specific training and orientation to the home, and expectations relative to documenting the respite worker's time. Each participant in the waiver may receive up to 100 hours of respite services in a year. Additional hours may be available for urgent situations, at the discretion of EOHHS.

PREVENTIVE SERVICES:

Homemaker: Services that consist of the performance of general household tasks (e.g. meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the state for the provision of these activities.

Minor Environmental Modifications: Minor modifications to the home may include grab bars, versa frame (toilet safety frame), handheld shower and/or diverter valve, raised toilet seats and other simple devices or appliances such as eating utensils, transfer bath bench, shower chair, aids for personal care (e.g. reachers) and standing poles to improve home accessibility adaption, health or safety.

Physical Therapy Evaluation and Services: Physical therapy evaluation for home accessibility appliances or devices by an individual with a state approved licensing or

certification. Preventive physical therapy services are available prior to surgery if evidence based practice has demonstrated that the therapy will enhance recovery or reduce rehabilitation time.

Respite Services- Temporary care giving services given to an individual unable to care for themselves because of the absence or need for relief of those persons normally providing the care. Respite services can be provided in the individual's home or in a facility approved by the State, such as a hospital, nursing facility, adult day services center, foster home or community residential facility. An individual qualifies for these respite services if he/she requires the services of a professional or qualified technical health professional or requires assistance with at least two activities of daily living.

*Appendix III: Limitations and Special Considerations for **Special Medical Equipment** and **Specialized Supplies** (Minor Assistive Devices)*

Executive Office of Health and Human Services



Limitations and
for Special Medical Equipment

Special Considerations

Definition: Special Medical Equipment and supplies to include (a) devices, controls, or appliances, specified in the plan of care, which enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; including such other durable and non-durable medical equipment not available under the Medicaid-funded primary and acute care system* that is necessary to address participant functional limitations. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the Medicaid-funded primary and acute care system* and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation. Provision of Special Medical Equipment requires prior approval on an individual basis by the DHS. Items should be of a nature that they are transferable if a recipient moves from their place of residence.

Limitations:

- **Ceiling or Wall Mounted Patient Lifts and Track Systems**
 - Must be documented as the most cost-effective method to meet the recipient's needs.
 - A Patient Lift will be considered for use in one bedroom and/or one bathroom.
 - A Track System is limited to connecting one bedroom and one bathroom.
- **Roll-In shower chair/Tub Slider System**
 - Item must have a functional expectancy of a minimum of five (5) years.
 - Must be documented as the most cost-effective method to meet the recipient's needs.

- **Automatic Door Openers**, adapted switches and buttons to operate equipment, communication devices, environmental controls, such as heat, air conditioning and lights may be approved for a recipient who lives alone or is without a caregiver for a major portion of the day.
- All items require Prior Authorization and do not require a Physician's order.
- Repairs or Modifications to equipment purchased under this definition are an allowable expense.
- Items not listed above may be acquired subject to Prior Authorization from DHS. Determinations will be based on the individual's unique circumstances as they apply to the current service definitions, policies and regulations. Please refer to Attachment B, Core and Preventive Home and Community Based Service definitions.

Special Considerations:

An **Assessment for Special Medical Equipment** is required to determine the most appropriate and cost-effective service requested.

This assessment must be completed by a specially trained and certified rehabilitation professional. Individuals conducting such assessments may include:

- Licensed Physical, Occupational or Speech Therapists experienced in Home and Community Based services
- Assistive Technology Professionals (ATP), certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)¹
- Other certified and licensed professionals with demonstrated experience in Home and Community Based Long Term Care services.

Limitation on Service(s)-

- Each Medicaid recipient is limited to Special Medical Equipment and/or Home Modifications totaling no more than **\$20,000 combined over a five-year period**. Five-year period is determined from the date of delivery of the initial funded service.
- This service is billable under HCPCS Code T2029.
- **Please note this service is available to those recipients on Core Services only.**

¹An assistive technology professional is a service provider who analyzes the needs of individuals with disabilities, assists in the selection of the appropriate equipment, and trains the consumer on how to properly use the specific equipment.

Limitations and Special Considerations for Specialized Supplies (Minor Assistive Devices)

Definition: Specialized supplies may include grab bars, versa frame (toilet safety frame), handheld shower and/or diverter valve, raised toilet seats, and other simple devices or appliances such as eating utensils, transfer bath bench, shower chair, aids for personal care (e.g. reachers) and standing poles to improve home accessibility adaptation, health or safety.

Limitations:

- All items require Prior Authorization; however items on the DHS Approved List (GW-AD2) do not require a physician's order.
- All items must be recommended by an appropriately trained and certified health care professional or DHS social worker.
- Items must be necessary to ensure the health, welfare and safety of the individual, or must enable the individual to function with greater independence in the home, and to avoid institutionalization.
- Items for diversional or entertainment purposes are not covered.
- Items should be of a nature that they are readily transferable if a recipient moves from their place of residence.
- Items cannot duplicate equipment provided under the Medicaid-funded primary and acute care system* or through other sources of funding (i.e. Medicare, private insurance).
- Items not included on the DHS Approved List and priced greater than \$500.00 shall be considered Special Medical Equipment and will be subject to the policies and procedures for that service as described in the Core Services section of the Rhode Island Global Waiver.
- Total costs of **Specialized Supplies are limited to \$500** per recipient, per calendar year.
- This service is billable under HCPCS Code T2028.

*Medical equipment funded under the primary and acute care system includes items such as wheelchairs, prosthetics, and orthotics. These are services that were provided under the authority of the Rhode Island Medicaid State Plan prior to the Global Waiver approval. These items are still available under the Global Waiver and are described at:

<http://www.dhs.ri.gov/ForProvidersVendors/ServicesforProviders/ProviderManuals/DME/tabid/459/Default.aspx>

Appendix IV: RItE @ Home Rate Structure

RItE @ Home Rate Structure

Rates Effective 10/1/12

		High LOC	Highest LOC
T2025	Case Management Admin, per diem high LOC	\$ 26.03	
T2025L1	Case Management/Admin, per diem, highest LOC		\$ 26.99
T1028	Development of Safety Plan	300.00	300.00
T1005	Respite, per 15 minute units	Pay as Billed, up to \$3,000 maximum per recipient per year	
S5136U1	Stipend, per diem, high LOC, no adult day	38.00	
S5136	Stipend, per diem, high LOC, client attended adult day	32.30	
S5136TGU1	Stipend, per diem, highest LOC, no adult day		48.11
S5136TG	Stipend, per diem, highest LOC, attended adult day		40.89

Appendix V: RItE @ Home Program Client Rights and Responsibilities

Each client has the right to:

1. Be treated as an adult with respect and dignity;
2. Be fully informed of all your rights and responsibilities by the RItE @ Home agency;
3. Be encouraged and assisted to exercise constitutional and legal rights including the right to vote;
4. Be informed of his/her medical condition and the right to consent to or refuse treatment;
5. Receive appropriate and professional care in accordance with physician's orders, and receive prompt medical attention as needed;
6. Choose care providers; constitutional and legal rights including the right to vote;
7. Be informed
8. Privacy in communication;
9. Appropriate and professional care in accordance with physician orders;
10. Receive a timely response from the agency to your request for service;
11. Be assessed for service only if the agency has the ability to provide safe, professional care at the appropriate level of intensity;
12. Receive reasonable continuity of care;
13. Receive information necessary to give informed consent prior to the start of any treatment or procedure;
14. Be advised of any change in the plan of care, before the change is made;
15. Refuse treatment within the confines of state law and to be informed of the consequences of your action;
16. Be informed of your rights under Rhode Island State law to formulate advanced directives;
17. Have health care providers comply with advance directives in accordance with state law requirements;
18. Be informed within reasonable time of anticipated termination of service or any change in service;
19. Be fully informed of agency policies and charges for services, including eligibility for third-party reimbursements;
20. Voice grievances and suggest changes in service or staff without fear of restraint or discrimination;
21. Request a fair hearing for any service which has been denied, reduced, or terminated, or if you have been otherwise aggrieved by agency action. The fair hearing and appeals procedure is defined in Department of Human Services policy ;
22. The safe keeping of your personal property and money;
23. Be informed of what to do in the event of an emergency; and
24. Be advised of the telephone number and hours of operation of the state's Adult Protective Services Unit and Long-term care Ombudsman .



**Rhode Island Department of Human Services
Shared Living Program
Bill of Rights**

Each client has the right to:

1. Be treated as an adult with respect and dignity;
2. Be fully informed of all client rights and responsibilities by the shared living agency;
3. Be encouraged and assisted to exercise constitutional and legal rights including the right to vote;
4. Be informed of his/her medical condition and the right to consent to or refuse treatment;
5. Receive appropriate and professional care in accordance with physician's orders, and receive prompt medical care as needed;
6. Be free from mental and physical abuse;
7. Complete privacy when receiving treatment or personal care;
8. Associate and communicate privately with any person of choice and send and receive personal mail unopened;
9. Have access to and participate in activities of social, religious, and community groups;
10. Have medical and personal information kept confidential;
11. Keep and use a reasonable amount of personal clothing and belongings, and have a reasonable amount of private, secure storage space;
12. Manage own financial affairs unless unable to do so;
13. Be free from financial exploitation. The provider must not charge or ask for applications or non-refundable deposits or solicit, accept or receive money or property from a client, other than the amount agreed to for services;
14. Receive a written agreement regarding services to be provided and any fees or costs that care recipients may be responsible for;

15. A safe, secure and supportive environment;
16. Be free of discrimination in regard to race, color, national origin, sex or religion;
17. Make suggestions or complaints without fear of retaliation;
18. Receive visitors at times mutually agreed to by the client and provider;
19. Have access to a telephone in the Shared Living home and make local calls, in reasonable privacy, without charge. The client shall be allowed to make arrangements for payment of toll calls;
20. Have services/supports explained to you in a manner which you can understand;
21. Decide what kinds of services/supports you need and want;
22. Have your records and involvement with the agency kept confidential;
23. See any and all files related to you, including your case record, medical and professional reports, and obtain a copy of the record if desired;
24. Make decisions that will affect your life, including the right to design your own individualized plan, to choose the people to assist in the development of the plan and the right to provide informed consent to the implementation of the plan, or to have an advocate provide informed consent;
25. Religious freedom and practice;
26. Be protected from abuse, neglect or mistreatment, financial exploitation, unnecessary restraint and all other violations of human rights.

_____ Signature of Individual Supported	_____ Date
_____ Signature of Legal Guardian (if appropriate)	_____ Date
_____ Signature of Caregiver	_____ Date
_____ Signature of Shared Living Agency Representative	_____ Date

Appendix VI: RItE @ Home Program Participant Agreement

Executive Office of Health and Human Services

RItE @ Home Program

Participant Agreement Form

The purpose of this agreement is to describe the expectations of the "Participant," and clarify the responsibilities of the RItE @ Home provider and the RI Executive Office of Health and Human Services (EOHHS).

In consideration of the services provided through the EOHHS I understand and agree to the following:

1. I have been informed of the responsibilities and expectations required by _____ RItE @ Home Agency and acknowledge that my participation in the RItE @ Home Program is voluntary.
2. I understand that under the rules of the RI Medicaid program and EOHHS, I have been determined eligible for Long Term Care Services and the RItE @ Home program.
3. I understand that my level of care and Service and Safety plan will be reviewed on an annual basis.
4. I understand that at any time, if my medical and/or personal care needs have become too great to handle at my RItE @ Home placement I may need a higher level of care such as a nursing home. This may be due to a recent hospitalization, or a chronic illness which has gradually been worsening and requires nursing care that is not available through the RItE @ Home Program.
5. I understand that I may terminate my RItE @ Home services with this provider and agree that I will provide 30 days notice for the termination of services.

By signing this document, I acknowledge that if my needs change and I require a higher level of care such as skilled nursing care I may not continue participation in the RItE @ Home Program and these services will not be authorized by the EOHHS.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____

Print Name _____

Address _____

Date: _____

Signature of Agency Representative _____

Print Name _____

Date: _____

Appendix VII: RItE @ Home Program
Management of Recipient Needs Report
Executive Office of Health and Human Services

Shared Living Agency				Report Submission Date:	
Table 1: Shared Living Caseload Activity Report					
Month		Active Caseload	Suspended	Discharged	Unique Individuals
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Table 2: Shared Living - Suspended Cases by Reason

Month		In Hospital	Temporary NH/ Rehab	Other	Total
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Table 3: Shared Living - Discharged Cases by Reason

Month		Deceased	Permanent Placement in a NH	Voluntary Withdrawal	No Longer MA eligible	Total
January						
February						
March						
April						
May						

June						
July						
August						
September						
October						
November						
December						

Notes:

Active Caseload: Approved case receiving services on the last day of the reported month.

Suspended: Approved case temporarily suspended on the last day of the month

Discharged: Cases discharged from Shared Living in the reported month.

Unique Individuals: Active Caseload + Suspended Cases + Discharged Cases

Shared Living Agency _____

Report Submission Date _____

Table 4: Shared Living Complaint Report by Reported by:

Month	Caregiver	Recipient	Family	Friend/Other
January		0	0	0
February		0	0	0
March		0	0	0
April		0	0	0
May		0	0	0
June		0	0	0
July		0	0	0
August		0	0	0
September				
October				
November				
December				

Appendix VIII: Caregiver Statement of Responsibility and Understanding
Executive Office of Health and Human Services

Caregiver Statement of Responsibility - Agreement and Understanding

I _____, have been informed of the responsibilities and expectations required by _____ (RItE @ Home Provider Agency) for the RItE @ Home Program under the program standards set forth by the Executive Office of Health and Human Services. As a RItE @ Home caregiver, I agree to provide care and supervision for _____, at the location of _____, _____, R.I.

As a RItE @ Home caregiver, I agree to provide twenty-four hour care and supervision to the above noted care recipient unless relieved by an approved "secondary" or "respite" caregiver. I also understand that all care recipient, caregiver or respite caregiver status changes, including, but not limited to health status, living arrangement, financial situation, employment status, provision of home care or hospice services, must be immediately reported to: _____ (RItE @ Home Provider Agency).

All changes in household residents, even those considered temporary (minors and adults), must be reported to _____ (RItE @ Home Provider Agency) within 24 hours.

I understand that failure to notify _____ (RItE @ Home Provider Agency) of status changes for the care recipient and caregivers may result in termination from the EOHHS RItE @ Home Program. I also understand that under the state of Rhode Island General Laws, Section 40-6-15, a maximum fine of \$1,000, or imprisonment of up to five (5) years, or both, may be imposed for a person who obtains or attempts to obtain, or aids or abets any person to obtain, public assistance to which s/he is not entitled, or who willfully fails to report income, resources or personal circumstances or increases therein which exceed the amount previously reported.

Primary Caregiver Printed Name

Primary Caregiver Signature

Date

In the presence of:

RItE @ Home Provide Agency Rep

Signature RItE @ Home Rep

Date

Appendix IX: EOHHS Fair Hearing Information
Executive Office of Health and Human Services

APPEAL RIGHTS – READ CAREFULLY

You have a right to discuss this action further with my supervisor, or me or to request an adjustment conference with the appropriate EOHHS Supervisor. **If you have questions regarding this notice, call the Agency representative at the telephone number listed on the first page of the notice.** You have the right to request and receive a hearing if you disagree with the decision made regarding the level or length of services, in the approved treatment plan. You must request a hearing in writing within thirty (30) days of this notice. If you request a hearing regarding your medical services within ten (10) days of this notice, you will continue to received the current amount of Medical Assistance Services until a hearing decision is made. The form to request a hearing is enclosed. If you request a hearing you may represent yourself or authorize another person, such as a relative or legal counsel to represent you. Free legal help may be available by calling Rhode Island Legal Services at 274-2652 (outside the Providence calling area, call toll free at 1-800-662-5034).

EXCEPTION: If this action implements a hearing decision, you may not have the right to another hearing on this action. See the hearing decision letter for your right for judicial review in accordance with Rhode Island law (42-35-1 et seq.).

TO REQUEST A HEARING (See the “Request a Hearing form below)

All requests must be in writing. to request a hearing, complete Section I., the 'Statement of Complaint' on the REQUEST FOR A HEARING form or else submit your complaint in writing. Briefly describe the Agency action you wish to appeal. You can fill out the form yourself, or with the help of the Agency representative if you need help in completing the form. The form is signed by the person to whom the notice is addressed or her/his representative. Mail or bring the hearing request form to the Center for Child and Family Health, Department of Hunan Services Forand Building, 600 New London Avenue, Cranston, RI 02920. In order to receive a hearing, you must do so within the time periods specified on this page. You will be notified of the time and place of the hearing. At the same time, you will also receive a statement of the Agency's position, an explanation of the policy on which the decision was based, and additional information about the hearing process.

EOHHS has a responsibility to provide financial assistance, food stamps, medical assistance, and social services to individuals and families for whom eligibility is determined under the provisions of the Social Security Act, the Rhode Island Public Assistance Act, the Food Stamp Act, the Rhode Island Medical Assistance Act and Title XCX Social Services. The hearing process is intended to insure and protect your right to assistance and your right to have staff decisions reviewed when you are dissatisfied. You have asked for a hearing because of an agency decision with which you disagree. The following information is sent to help you prepare for your hearing and to inform you about what you may expect and what will be expected of you when it is held.

1. WHAT IS A HEARING?

A hearing is an opportunity provided by the Department of Human Services to applicants or recipients who are dissatisfied with a decision of the agency, or a delay in such a decision for a review before an impartial appeals officer to insure correct application of the law and agency administrative policies and standards.

2. WHO CONDUCTS A HEARING?

A hearing is conducted by an impartial appeals officer appointed by the Director of the Department of Human Services to review the issue(s) and give a binding decision in the name of the Department of Human Services.

3. WHO MAY ATTEND A HEARING?

A hearing is attended only by persons who are directly concerned with the issue(s) involved. You may be represented by legal counsel if you chose and another witness or a relative or friend who can speak on your behalf. The Agency is usually represented by the staff member involved in the decision and/or that worker's supervisor. Legal services are available to persons wishing to be represented by legal counsel through Rhode Island Legal Services (274-2652) or (1-800-662-0534). If an individual chooses to have legal representation, e.g. be represented by an attorney, paralegal, or legal assistant, the representative must file a written Entry of Appearance with the Hearing Office at or before the hearing. The Entry of Appearance acts as a release of confidential information, allowing the legal representative access to the agency case record. **It** is also needed for the Hearing Office to confirm the representation for purposes of follow-up, review, request for continuances, etc.

4. WHERE IS THE HEARING HELD?

The hearing may be held at a regional or district office or in an individual's home when circumstances require.

5. HOW CAN YOU LEARN ABOUT THE DEPARTMENT'S RULES AND REGULATIONS?

Section III of EOHHS-121 form shows the policy manual references, which are at issue in your hearing. You may review the Department's regulations at any local welfare office during regular business hours. You may also review the Department's hearing decisions rendered on or after April 1987. They are available only at the EOHHS Central Administration Building, 600 New London Avenue, Cranston Rhode Island, between the hours of 9:00 a.m. and 11:00 a.m. and between the hours of 1:00 p.m. and 3:00 p.m. Monday through Friday.

6. WHAT ARE YOUR RIGHTS RELATIVE TO THE HEARING?

You have a right to examine all documents and records to be used at the hearing at a reasonable time before the date of the hearing, as well as during the hearing. You may present your case in any way you wish without undue interference, by explaining the situation yourself or by having a friend, relative, or legal counsel speak for you, and you may bring witnesses and submit evidence as discussed above to support your case. You will have an opportunity to question or refute any testimony or evidence and to confront and cross-examine adverse witnesses.

7. HOW IS A HEARING CONDUCTED?

A hearing differs from a formal court procedure because you are not on trial and the appeals officer is not a judge in the courtroom sense. However, any person who testifies will be sworn in by the appeals officer. After you have presented your case, the staff member will explain the provisions in law or agency policy under which s/he acted. When both sides have been heard, there will be open discussion under the leadership and guidance of the appeals officer. The entire hearing is recorded on tape.

8. HOW WILL THE HEARING DECISION BE MADE?

The tape recording of the testimony of the persons who participated in the hearing, together with all papers and documents introduced at the hearing, will be the basis for the decision. The appeals process is generally completed within 30 days of the receipt of your request, but will never exceed sixty (60) days for food stamps and ninety (90) days for all other programs unless you request a delay, in writing, to prepare your case. The appeals officer will inform you of her/his findings, in writing, following the hearing. If you are still dissatisfied, you have a right to judicial review of your case.



Agency Date Stamp



REQUEST FOR A HEARING



Hearing Office Date Stamp

DHS-121
Rev. 9/07

SECTION I. IDENTIFYING INFORMATION -- Please Print

Name _____
Recipient
Social Security Number

Address _____
Number and Street
City/Town
State
ZIP

WHAT LANGUAGE DO YOU SPEAK? _____

SECTION II. STATEMENT OF COMPLAINT (To be completed by applicant or recipient)

MY APPEAL IS ABOUT: ☐ FIP ☐ MEDICAL ASSISTANCE ☐ GPA
 ☐ FOOD STAMPS ☐ CHILD CARE ☐ OTHER

IF THE HEARING DECISION IS NOT IN MY FAVOR, I UNDERSTAND THAT I MUST REPAY ANY ASSISTANCE AND/OR FOOD STAMPS FOR WHICH I AM DETERMINED INELIGIBLE.

Signature _____ Date _____
(Recipient)

SECTION III. STATEMENT OF AGENCY POLICY (To be completed by the Agency Representative)

THE APPEAL IS ABOUT: ☐ FIP ☐ MEDICAL ASSISTANCE ☐ GPA
 ☐ FOOD STAMPS ☐ CHILD CARE ☐ MART DECISION

Indicate Specific DHS/FS Manual Reference: Section(s) _____

Explain agency decision in relation to complaint and policy: _____

Agency Representative (Signature) _____ Supervisor (Signature) _____
 (Print Name) _____ (Print Name) _____

Regional Manager _____ Local Office _____

Also Send Copies of the scheduled appointment for this Hearing Request to: _____

AGENCY:
 MA DISABILITY ONLY CASES: Attach Copy of InRhodes
 Adverse Action Notice
 ALL OTHER CASES: Bring Notice to Hearing

Appendix X: RItE @ Home Transportation Policy
Executive Office of Health and Human Services

EOHHS recommends that all transportation be provided by the care giver and respite provider whenever possible. If the care giver or respite provider are unable to transport, the client may use other forms of Medicaid funded transportation. In each case the client must meet the criteria in place for the specific form of transportation he/she wishes to use. The following policies apply to transportation provided by the care giver and respite provider:

- Smoking is prohibited in vehicles used to transport RItE @ Home clients;
- Clients will be transported properly with a seat belt;
- Client's will never be left unattended in a vehicle, even for brief periods;
- Only insured, registered and well-maintained vehicles will be used to transport RItE @ Home clients;
- A cell phone will be available in case of emergency
- Drivers will have a current drivers license;
- Drivers will obey all traffic regulations;
- Drivers will have evidence of a safe driving record
- Drivers will not talk or text on a cell phone while driving.

Appendix X - A: Transportation Options for Rhode Islanders
Rhode Island Public Transit Authority

Transportation Options for Rhode Islanders
For Individuals 60 and older and for Adults with Disabilities

RI PUBLIC TRANSIT AUTHORITY (RIPTA)

705 Elmwood Ave, Providence, RI 02907 or online at www.ripta.com

RIPTA Bus Passes

RIPTA Bus Passes are available for residents who are 65 years old or older/ and for adults with disabilities who qualify. The bus passes are valid for 5 years and cost \$20.00 (in 2012). There is a cost for replacing the bus pass if it is lost. For information, please call RIPTA at (401) 784-9500 x 604.

RIde Program

The RIde Program provides transportation services to individuals who are 60 years of age and older and for adults with disabilities under 60 who meet certain criteria. Transportation is generally available weekdays from 10:00 a.m. to 2:00 p.m. for doctors' appointments, therapy, medical tests, adult day care, kidney dialysis, cancer treatments and congregate meal sites for lunches. There is a small fee per ride. People who have Medical Assistance (Medicaid) are not charged any fees. Reservations should be made at least seven (7) business days in advance of an appointment. RIde transportation can be booked Monday through Friday from 8:00 a.m. to 4:30 p.m. For reservations and information on the RIde Program, please call: (401) 461-9760 or 1-800-479-6902.

Transportation Through the City or Town Where You Live

Many Rhode Island cities and towns provide transportation for seniors and adults with disabilities for shopping and errands, as well as for other destinations and purposes. Individuals should check with their local city or town to get information about transportation services. You can also call your local senior center to find out about non-medical transportation.

Southern Rhode Island Volunteers/ Seniors Helping Others

Seniors Helping Others is a volunteer organization that provides transportation to medical, dental, and therapy appointments, among other services.

For more information, call (401) 789-2362 or check www.southernrivol.org

RI Department of Human Services

For people who are enrolled in the RI Medical Assistance Program and can't use any of the services above, please call 784-3899 for assistance in getting transportation for non-

emergency transportation for Medicaid covered services to a Medicaid provider. (Rev:
4/12)

INTERNAL REVENUE CODE: SEC 131. CERTAIN FOSTER CARE PAYMENTS

Sec. 131. Certain foster care payments

(a) General rule

Gross income shall not include amounts received by a foster care provider during the taxable year as qualified foster care payments.

(b) Qualified foster care payment defined for purposes of this section –

(1) In general.--The term '*qualified foster care payment*' means any payment made pursuant to a foster care program of a State or political subdivision thereof—

(A) which is paid by--

(i) a State or political subdivision thereof, or

(ii) a qualified foster care placement agency, and

(B) a qualified foster care placement agency.

(2) Qualified foster individual

The term "qualified foster individual" means any individual who is living in a foster family home in which such individual was placed by –

(A) an agency of a State or political subdivision thereof, or

(B) a qualified foster care placement agency.

(3) Qualified foster care placement agency.--The term

'qualified foster care placement agency' means any placement agency which is licensed or certified by-

(A) a State or political subdivision thereof, or

(B) an entity designated by a State or political subdivision thereof, for the foster care program of such State or political subdivision to make foster care payments to providers of foster care.

(4) Limitation based on number of individuals over the age of 18 In the case of any foster home in which there is a qualified foster care individual who has attained age 19, foster care payments (other than difficulty of care payments) for any period to which such payments relate shall not be excludable from gross income under subsection (a) to the extent such payments are made for more than 5 such qualified foster individuals. (c) Difficulty of care payments

For purposes of this section –

(1) Difficulty of care payments

The term "difficulty of care payments" means payments to individuals which are not described in subsection (b)(1)(B)(i), and which –

- (A) are compensation for providing the additional care of a qualified foster individual which is –
 - (i) required by reason of a physical, mental, or emotional handicap of such individual with respect to which the State has determined that there is a need for additional compensation, and
 - (ii) provided in the home of the foster care provider, and
- (B) are designated by the payor as compensation described in subparagraph (A).

(2) Limitation based on number of individuals In the case of any foster home, difficulty of care payments for any period to which such payments relate shall not be excludable from gross income under subsection (a) to the extent such payments are made for more than –

- (A) 10 qualified foster individuals who have not attained age 19, and
- (B) 5 qualified foster individuals not described in subparagraph (A).

Sources

(Added Pub. L. 97-473, title I, Sec. 102 (a), Jan. 14, 1983, 96 Stat. 2606; amended Pub. L. 99-514, title XVII, Sec. 1707(a), Oct. 22, 1986, 100 Stat. 2781.)

Miscellaneous

PRIOR PROVISIONS

A prior section 131 was renumbered section 140 of this title.

AMENDMENTS

2002 - Subsec. (b)(1)(B), Subsec. (b)(2)(B), Subsec. (b)(3). Pub. L. 107-147, Sec. 403, amended to include the term and definition of "qualified foster care placement agency". <<Effective date.>> The amendments made to these sections shall apply to taxable years beginning after December 31, 2001.

1986 - Subsec. (a). Pub. L. 99-514 amended subsec. (a) generally. Prior to amendment, subsec. (a) read as follows: 'Gross income shall not include amounts received by a foster parent during the taxable year as qualified foster care payments. "Subsec. (b). Pub. L. 99-514 amended subsec. (b) generally. Prior to amendment, par. (1) "In general" read as follows: "The term 'qualified foster care payment' means any amount -

'(A) which is paid by a State or political subdivision thereof or by a child-placing agency which is described in section 501(c)(3) and exempt from tax under section 501(a), and

"(B) which is -

"(i) paid to reimburse the foster parent for the expenses of caring for a qualified foster child in the foster parent's home, or

"(ii) a difficulty of care payment." and par. (2) "Qualified foster child" read as follows:

"The term 'qualified foster child' means any individual who –

"(A) has not attained age 19, and

"(B) is living in a foster family home in which such individual was placed by -

"(i) an agency of a State or political subdivision thereof, or

"(ii) an organization which is licensed by a State (or political subdivision thereof) as a child-placing agency and which is described in section 501(c)(3) and exempt from tax under section 501(a)." Subsec. (c). Pub. L. 99-514, in amending subsec. (c) generally, in par. (1)(A), substituted references to "qualified foster individual", "such individual", and "foster care provider" for references to "qualified foster child", "such child", and "foster parent", respectively, and in par. (2) substituted "more than

(A) 10 qualified foster individuals who have not attained age 19, and

(B) 5 qualified foster individuals not described in subparagraph (A)" for "more than 10 qualified foster children".

EFFECTIVE DATE OF 1986 AMENDMENT

Section 1707(b) of Pub. L. 99-514 provided that: "The amendment made by this section (amending this section) shall apply to taxable years beginning after December 31, 1985."

EFFECTIVE DATE

Section 102(c) of Pub. L. 97-473 provided that: "The amendments made by this section (enacting this section) shall apply to taxable years beginning after December 31, 1978."

Appendix XII: RItE @ Home Review Sheet
Rhode Island Department of Human Services

RItE @ Home Service and Safety Plan Review Sheet

Name of RItE @ Home Agency:

Date of Review:

Date Plan Sent to Reviewer:

EOHHS Reviewer:

Effective Start date for RItE @ Home Services:

Approve:

☐

Pending Additional Information **THIS PLAN IS NOT APPROVED, RESPONSE TO REVIEW IS**

☐

EXPECTED WITHIN 5 CALENDAR

DAYS

☐

Disapprove

CHECK IF "YES"

☐

☐ Home Assessment Included

☐

☐ RItE @ Home Service & Safety Plan includes a detailed health and safety arrangement and back-up plan

☐

The RItE @ Home Service & Safety Plan delineates the responsibilities of the caregiver, and RItE @ Home Agency

☐

The client and Agency nurse have signed the RItE @ Home Service & Safety Plan

☐

BCI checks sent:

☐

Caregiver

☐

Respite/Alternate care provider

- ☐ Medication List included
- ☐ Information on Respite caregiver included (BCI check, training, CPR and Home Assessment)
- ☐ Medical Report for Caregiver

Comments:

Appendix XIII: RItE @ Home Program Client Intake Form
Rhode Island Department of Human Services

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
RITE @ HOME INTAKE FORM

☐ Caregiver Homes of RI
☐ Seven Hills RI Contact: _____ TEL: _____ FAX: _____

Date: _____

CLIENT IDENTIFYING DATA:

NAME: _____

SSN#: _____ DOB: _____

ADDRESS: _____
 _____**SHARED LIVING**

CAREGIVER'S HOME: ☐
 CLIENT'S HOME: ☐
 BOTH ON DEED/LEASE ☐

STATUS

NEW REFERRAL: ☐
 CLOSING: ☐
 CHANGE: ☐

ADMITTED FROM:

HOSPITAL ☐
 NURSING HOME ☐
 COMMUNITY ☐

ANTICIPATED CAREGIVER START DATE:

REASON FOR CLOSING:

NH PLACEMENT ☐
 DEATH ☐
 INELIGIBLE ☐
 VOLUNTARY ☐
 TRANSFER to other DHS Program ☐
 OTHER – Please explain ☐

COMMENTS:

CLIENT/REPRESENTATIVE CONTACT INFORMATION:

NAME: _____

ADDRESS: _____ TEL#: _____

*This form is used to notify DHS of any new case or any changes in a case. Please put a copy in your file.
 Notification of changes should be faxed to DHS LTC office and to EOHHS-CCFH office @ 401-462-6352.

Appendix XIV: RItE @ Home Program Turnaround Form
Executive Office of Health and Human Services

RITE @ HOME STATUS FORM TURNAROUND

DATE: _____

TO: _____ TEL# _____
FAX# _____

FROM: _____ TEL# _____
FAX# _____

DHS
OFFICE: Cranston ☐ E Prov ☐ Newport ☐
Prov/Waiver ☐ Woonsocket ☐ Providence ☐

RE: NAME: _____ CASE # _____
ADDRESS: _____
CITY _____ STATE _____ ZIPCODE: _____

☐ The above client has been found eligible for Medical Assistance: _____ / _____ / _____
The amount of income which must be allocated to the cost of care each month is \$ _____
effective: _____ / _____ / _____ .
The Medical Assistance redetermination is due on _____ / _____ / _____

☐ Client meets: High ☐ Highest ☐ Level of Care Date: _____ / _____ / _____

☐ Shared Living Authorization to start effective: _____ / _____ / _____

☐ The above client has been found ineligible for waiver services.

☐ Shared Living will close on _____ / _____ / _____

Notification of Denial & Rights of Appeal information will be mailed to applicant.

☐ Change in income allocation.

Client must pay \$ _____ Per month for waiver services effective: _____ / _____ / _____

COMMENTS:

Please Fax to:

EOHHS-Center for Child & Family Health and	401-462-6352
Caregiver Homes of Rhode Island or	401-489-7579
Seven Hills RI	401-769-6046

Appendix XV: EOHHS Medical Necessity Policy

The term "medical necessity" or "medically necessary service" means medical, surgical or other services required for the prevention, diagnosis, cure, or treatment of a health related condition including such services necessary to prevent a decremental change in either medical or mental health status. Medically necessary services must be provided in the most cost-efficient and appropriate setting and shall not be provided solely for the convenience of the member or service provider.
(EOHHS Policy Manual, Section 0300)

RItE @ Home Re-determination Work Flow

- 1. Assigned LTC Office will send financial (4 page) re-certification form to client at address on record. The re-certification form includes:**
 - **Voter registration**
 - **CP – 12 (Case Plan)**
 - **EOHHS – 91 (Bank Release)**
 - **MA – 400 or lease agreement (if applicable)**
 - **New PM – 1 for physician to complete**
- 2. RItE @ Home agency will assist care recipient/family in completing and submitting all forms.**
- 3. Once re-certification forms are received in LTC Offices, LTC Social Worker schedules a home visit to conduct a re-assessment.**
- 4. RItE @ Home Agency assists family in having the physician complete the PM-1 form.**
- 5. RItE @ Home Agency sends completed PM – 1 to LTC Office.**
- 6. LTC sends completed PM-1 and home reassessment to OMR for LOC designation.**
- 7. OMR determines LOC and notifies LTC Office.**
- 8. LTC Office sends a new SL-2 to RItE @ Home Agency. Will include updated cost-share and updated LOC.**
- 9. RItE @ Home agency submits updated Service and Safety Plan with copy of new SL-2 and updated assessment to CCFH, Attention: Nolan Byrne.**
- 10. Nolan Byrne reviews and approves (if appropriate).**
- 11. Nolan Byrne faxes re-determination approval to RItE @ Home agency and LTC Office.**

Appendix XVII: *RIte @ Home* Fact Sheet
Department of Human Services



RIte @ Home... A Choice for Care at Home fact sheet

Program Description

RIte @ Home... A Choice for Care at Home is a new Shared Living option available for adults who cannot live alone and require a considerable amount of help with the activities of daily living, such as eating, dressing, personal hygiene, etc. This program provides an alternative to institutional care for those that meet clinical, financial and other program criteria. *The RIte @ Home* Program is a consumer-directed service designed to maximize the control and choice a person has over the services that are provided. It is provided through the Medicaid Program at the Executive Office of Health and Human Services (EOHHS).

Eligibility

This service is available for Rhode Island seniors and adults with disabilities who are eligible for Medicaid Long Term Care (LTC) and are unable to live independently. To be eligible for Medicaid LTC, a person has to be determined financially eligible and must also meet certain clinical Level of Care criteria (highest or high). Persons interested in receiving *RIte @ Home* services must also meet all appropriateness criteria listed below.

How It Works

RIte @ Home provides a home-like setting for individuals who cannot live alone but who want to continue to live in the community as long as possible. There are two components to understanding the program: (1) the provider agency and (2) the caregiver and the host home.

- **Provider Agency**

The *RIte @ Home* Agency helps the person who needs care to find an appropriate host home/caregiver. This may be someone the person already knows, like a relative, neighbor or friend. The Agency will “match” a client with a caregiver and will make sure the caregiver receives all needed training and support.

The Agency will (in conjunction with EOHHS)

- Oversee and monitor services;
- Ensure the safety of the host home;
- Provide training for the caregiver;

- Provide nursing support as needed, and
 - Develop an individualized *RItE @ Home* Service and Safety Plan.
- **The Caregiver /Host Home**
Typically, the caregiver lives in his/her home and agrees to have the person needing care live with him/her. In some situations, the caregiver may agree to move into the care recipient's home. The Caregiver is responsible for:
 - Personal care, including assistance with Activities of Daily Living (ADLs)
 - Homemaker services
 - Chore services
 - Meals
 - Transportation
 - Being on call 24/7
 - Providing socialization and a home-like environment

Benefits for the Caregiver include:

 - A stipend for providing 24/7 care
 - Respite or time off from full-time care

Medicaid pays the provider agency for its role and provides funding for caregiver stipends. However, Medicaid does not pay for room and board. Room and board is typically paid from the client's SSI and/or Social Security check. Also, the client (recipient of care) may incur a "cost share" for the services (not including room and board), depending on his/her income.

- **Appropriateness Criteria**
Recipients must meet the following Appropriateness Criteria:
 - A person is not a danger to themselves or others in the shared home.
 - A person must be able to take action for self-preservation (such as exiting the home in case of fire) with the assistance of no more than one person.
 - Both the caregiver and the recipient must be informed of and willing to assume a certain amount of risk regarding safety inherent in this type of living arrangement.
 - A recipient must be free from communicable disease or infectious conditions.

Other Considerations

- **Spouses** or legally liable persons cannot serve as the paid caregiver
- **Adult Day Care** - The recipient of *RItE @ Home* Services is eligible to attend Adult Day Care. If that is the case, the caregiver's stipend will be reduced for days when a person attends Adult Day Care. This gives the caregiver an opportunity for employment or pursuing other interests.
- **Issues to be considered when matching a person to a caregiver:**
 - Geographic location
 - Pets
 - Children in the home
 - Lifestyle preferences, schedules, etc.
- **Tax Considerations**
The Caregiver's stipend is tax-free to the Caregiver when the care recipient lives in the Caregiver's home.

Provider Agencies

Two agencies have been approved to provide *RItE @ Home* services to eligible elders and adults with disabilities:

Caregiver Homes of Rhode Island

Contact: Brian McKaig at (401) 290-8429 or bmckaig@caregiverhomes.com
235 Promenade St., Suite 417, Providence, RI 02908
www.caregiverhomes.com

Seven Hills RI

Contact: Lisa Provencal, Program Coordinator, (401) 765-3700 extension 299 or
(401) 309-4093 lprovencal@sevenhills.org 80 Fabien St., Woonsocket, RI 02895

Rite @ Home...A Choice for Care at Home is one of the services available to clients who are eligible for Medicaid Long Term Care. For more information on other services, please go to the DHS website at www.dhs.ri.gov under Elders>Long Term Care or Adults with Disabilities Long Term Care.

Appendix XVIII: Record for Documentation of Narcotics/Controlled Substance
Executive Office of Health and Human Services

EOHHS RITE @ HOME PROGRAM
RECORD OF NARCOTICS/CONTROLLED SUBSTANCES ADMINISTERED

CLIENT NAME: _____ DOB: _____

MONTH: _____ MEDICATION ALLERGIES: _____

GUIDELINES FOR USE: Each dose is to be documented individually (dose by dose). Time is noted by hour followed by "AM" or "PM". ROUTE: _____

MEDICATION NAME: _____ DOSE _____
PRESCRIBING MD _____

REFILLED FILLED DATE: _____

DATE	TIME AM/PM	PRESCRIBING MD	DOSE	ADMINISTERED BY	COUNT	EFFECT

Initials _____ Name _____

Initials _____ Name _____

Initials _____ Name _____